



CITY OF TORRANCE

Finance Department – Revenue Division

Short Term Rental(s)

Registration Form

For: Uniform Occupancy Tax (UOT)

Name of Business: _____

Mailing Address: _____

Business Contact: _____ Title: _____

Business Location: _____

Business Phone: _____

Contact Phone: _____ (if different from above)

Contact Email Address: _____

Date Business Started in Torrance: _____

Total Number of Lodging Rooms or Units: _____

(Signature) (Title)

(Printed Name) (Date)

The completed registration form must be signed and dated by an authorized person. The completed form must be returned to the below address upon receipt in accordance with Section 222.2.4 of the Torrance Municipal Code.

Note: Change of ownership or name change must be reported immediately in writing to:

**City of Torrance
Finance Department – Revenue Division
3031 Torrance Boulevard
Torrance, CA 90503**