



Agent Designation Form

This document requests the designation of _____ as the agent for the business / property owner identified below. The designated agent will be authorized to act on behalf of the owner of property being leased as a commercial business for purposes of compliance with the City of Salida Occupational Lodging Tax pursuant to Chapter 4, Article VI of the Salida Municipal Code.

This agency designation is valid for one (1) year from the date of execution.

Lodger Name _____

Address _____

Signature of Lodger _____ Date

Agent Name _____

Address _____

I, _____, acknowledge appointment as an agent for the above named business for purposes of compliance with the City of Salida Occupational Lodging Tax pursuant to Chapter 4 Article VI of the Salida Municipal Code.

Signature of Agent _____ Date

Return the completed form to:

City of Salida
448 E. 1st Street, Suite 112
Salida, CO 81201
Phone: 719-539-4555
Fax: 719-539-5271
finance@cityofsalida.com