

City of Salida
448 E. First Street, Suite 112
Salida, CO 81201

Occupational Lodgers
ACCOUNT REGISTRATION / UPDATE FORM

New Account Registration Update Account Info Account Closure

BUSINESS/OWNER NAME _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

Agent Info (if applicable):

AGENT NAME _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

TO ACTIVATE YOUR ACCOUNT, COMPLETE, SIGN AND RETURN THIS FORM

Date of ACTIVATION or dates that it is available for rent: _____

TO CLOSE YOUR ACCOUNT, COMPLETE, SIGN AND RETURN THIS FORM

Date of Closure or dates that it is not available for rent: _____

I declare, under penalty of perjury, that the information reported herein is to the best of my knowledge true and correct.

Name

Signature Owner or Agent

Date