



**City of Portland Revenue Division
Transient Lodging Program**

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OFFICE USE ONLY:

Received:

Date Received:

Received By:

Transient Lodging Out of Business Form

(Fill out completely and type or print legibly. All information is required unless indicated.)

TL ACCOUNT INFORMATION

TL ACCOUNT #	OPERATOR NAME		
ADDRESS	CITY	STATE/PROV	ZIP/POSTAL CODE
DATE CEASED OPERATION			

I attest that I have ceased all Transient Lodging business activity in Portland
(including advertising of Short Term Rentals).

*I declare, under penalty of making a false statement that to the best of my knowledge and belief,
the information herein is correct and true.*

Signature: _____ Date: _____