

**SANTA BARBARA COUNTY TREASURER - TAX COLLECTOR
TRANSIENT OCCUPANCY TAX
REFUND REQUEST**

(Pursuant to County of Santa Barbara Code Section 32-20)



Hotel/Vacation Rental: _____

Guest/Claimant: _____
Last Name First Name

Refund Mailing Address: _____
Street Address or PO Box

City, State Zip Code

Mail this completed form to:
County of Santa Barbara
Office of the Treasurer - Tax Collector
PO Box 579
Santa Barbara, CA 93102-0579

Why is a refund of Transient Occupancy Tax being requested? Please attach all relevant back-up information.

Amount of Refund Request: _____

I HEREBY CERTIFY (or declare) under penalty of perjury, that the foregoing statements are true and correct.

Signature

Date

Print Name

Title (if applicable)