



MARGARET S. TORRENCE

Commissioner of Revenue
Franklin County
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TRANSIENT/OCCUPANCY APPLICATION

(CHECK ONE)

ADDRESS CHANGE

NEW ACCOUNT

NAME CHANGE

APPLICANT:

Owner Name: _____

Contact Person: _____

S.S. # _____ *OR* FEIN: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: If same as above, check here

Home Phone: _____

Cell Phone: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

START DATE IN FRANKLIN COUNTY: _____

PROPERTY MANAGER: Self Rental Agency: _____

SIGNATURE: _____

DATE: _____