



CITY OF OCEANSIDE

Finance Department

REFUND REQUEST

TRANSIENT OCCUPANCY TAX (TOT) /

OCEANSIDE TOURISM MARKETING DISTRICT ASSESSMENT (OTMD)

This form is to be completed in full and signed by person or operator claiming a refund for the Transient Occupancy Tax and/or Oceanside Tourism Marketing District Assessment remitted to the City of Oceanside. Please refer to Section 34.24 of the Oceanside Municipal Code.

AMOUNT OF REFUND REQUESTED: \$ _____ (TOT) \$ _____ (OTMD)

Hotel/Motel Name: _____

Hotel/Motel Street Address: _____

Requestor Name/Title: _____

Requestor Phone #: _____

I AM AN OPERATOR REQUESTING REFUND per Oceanside Municipal Code Sec. 34.24(b)

Remittance Period(s) for which refund is being requested: _____

Date(s) of payment to the City: _____

Reason for Refund (please select all that apply and attach backup documentation with detailed explanation):

- Incorrect Taxable Transient Rents due to overstatement of Gross Receipts.
- Incorrect Taxable Transient Rents due to understatement of Monthly Room Rentals (backup must include proof of credit/refund to occupant).
- Incorrect Taxable Transient Rents due to understatement of Transient Exemptions Claimed (backup must include proof of credit/refund to occupant).
- Incorrect Calculation of Taxes, Penalties, or Interest.
- Other: _____

I AM A TRANSIENT REQUESTING REFUND per Oceanside Municipal Code Sec. 34.24(c)

Date(s) of stay for which refund is being requested: _____

Reason for Refund (please select one option below and attach backup documentation with detailed explanation):

- Taxes were paid directly to the City of Oceanside (backup must include proof of payment to the City).
- I have been unable to obtain a refund from the operator (backup must include proof of payment to the operator and details/results of contact with the operator regarding refund request).

SIGNATURE AND DATE REQUIRED: I certify under penalty of perjury that the above information along with all backup documentation upon which this claim is founded is true and correct and that I am making this request within three (3) years of the date of payment.

Signature

Date