



# Annette Ramirez

Tax Assessor-Collector & Voter Registrar  
www.hcax.net

## Hotel Occupancy Tax New Owner Information

HOTEL/RESIDENTIAL PROPERTY INFORMATION	
Enter Hotel Information in Spaces Below	
Start of Business (Date):	
Real Property Tax Account:	
Hotel/Operating Name:	
Address:	
City, State Zip:	
Phone:	
Fax:	
Email:	
Hotel/Residential Property Capacity:	
OWNER/MANAGEMENT INFORMATION	
Enter Owner/Management Information in Spaces Below	
Owner Name:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	
CONTACT PERSON INFORMATION	
Enter Contact Person Information in Spaces Below	
Contact Person Name:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	

\_\_\_\_\_  
Contact Person Name

\_\_\_\_\_  
Contact Person Signature

\_\_\_\_\_  
Date

If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under section 37.10, Penal Code.