



# CITY OF PALM SPRINGS

## SPECIAL PROGRAM COMPLIANCE

425 N. CIVIC DRIVE, PALM SPRINGS CA 92262

TEL: (760) 322-8382 · FAX: (760) 322-8317 · WEB: WWW.PALMSPRINGS.CA.GOV

### REQUEST TO TRANSFER VACATION RENTAL REGISTRATION CERTIFICATE (Individual to Agency)

*All information provided on this form is a matter of public record.*

#### SECTION I: OWNER INFORMATION

Owner Name(s): \_\_\_\_\_

Individual  LLC  Trust

Physical Address of residence: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### SECTION II: VACATION RENTAL PROPERTY INFORMATION

Address & Zip Code: \_\_\_\_\_

Single Family Residence  Condo  Estate Home

Is the property on tribal leased land? (please check one)  Yes  No

Number of Existing Bedrooms: \_\_\_\_\_ Property Phone # \_\_\_\_\_

Current TOT # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current number of Contracts: \_\_\_\_\_

I am formally requesting that my registration certificate be transferred effective \_\_\_\_\_

I understand that I must cease all advertising/renting as of this date. Additionally, I am responsible for all Transient Occupancy Returns until this date.

***I acknowledge that I have an exclusive listing agreement with the above referenced Agency. This agreement prohibits me from renting or leasing the property to any person. Failure of the agent to comply with this chapter does not relieve me of the obligations under PSMC 5.25.***

***I declare under penalty of perjury that this information is, to the best of my knowledge, true, correct and complete.***

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: NEW AGENCY INFORMATION (To be completed by new Agency)**

**Please note: An Owner Closure Form must accompany this request. Additionally, a new application or portion thereof may be requested by the Vacation Rental Compliance Department with this transfer. Timelines must be adhered to, as requested, by the Vacation Rental Compliance Department in order to meet requested transfer dates.**

Name of Agency: \_\_\_\_\_ TOT Permit: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Pursuant to 5.25.070(e), during the Rental Term each Vacation Rental unit is rented, the Owner his or her agent, and/or Local Contact Person designated by the Owner, after being contacted by an Enforcement Official, shall be available twenty-four hours per day, seven days per week, for the purpose of (1) responding by telephone within fifteen (15) minutes of complaints from or through the hotline and (2) responding in-person within thirty (30) minutes to any complaints regarding the condition, operation, or conduct of occupants of the Vacation Rental.

**Local Contact Information:**

Primary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

New Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received Date: \_\_\_\_\_

Processd Date: \_\_\_\_\_

Issued New Certificate: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_