



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 (Agency 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: _____

I am formally requesting that my registration certificate be transferred effective _____
I understand that my previous Agency must cease all advertising/renting as of this date and that they will be notified accordingly. It is the Owner's responsibility to ensure that property is listed with only one managing Agency. Advertising with multiple Agencies is a violation.

I acknowledge that I have an exclusive listing agreement with the above referenced Agency. This agreement prohibits me from advertising, 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: 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 additional or successive 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: _____

PRIOR AGENCY ACKNOWLEDGEMENT (To be completed by previous Agency)

As of the Effective Date listed in Section II above, I acknowledge the following:

- Representation of this property ceases immediately
- All bookings have completed and/or will be handled by the newly appointed Agency
- Advertising has been removed from all listing platforms
- All Transient Occupancy Tax will be remitted, as required
- Current number of contracts submitted _____

Name of Agency: _____ TOT Permit: _____

Representative: _____ Title: _____

Prior Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received Date: _____

Processed Date: _____

Notified previous Agency: _____

Notes: _____

Issued New Certificate: _____