



CITY OF PALM SPRINGS

DEPT. OF 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 Individual)

Please note: A new application or portion thereof may be requested by the Department of Special Program Compliance with this transfer. Timelines must be adhered to, as requested, by the Department of Special Program Compliance in order to meet requested transfer dates.

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: _____

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 all advertising is removed.

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 LOCAL CONTACT INFORMATION

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: _____

Physical Address: _____

Signature: _____ Date: _____

Secondary Contact:

Name: _____ Phone: _____

Physical Address: _____

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 Owner
- 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: _____