

ATASCOSA COUNTY HOTEL OCCUPANCY INFORMATION SHEET

HOTEL #: _____ (County will assign)

STATE/COUNTY REPORT SCHEDULE: _____ QUARTERLY

OWNER INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE CONTACT #: _____

EMAIL ADDRESS: _____

PROPERTY INFORMATION

LOCATION TRADE NAME: _____

PHYSICAL ADDRESS: _____

WEBSITE (IF APPLICABLE): _____

LOCATION TRADE NAME: _____

PHYSICAL ADDRESS: _____

WEBSITE (IF APPLICABLE): _____

PROPERTY MANAGER INFORMATION (IF OTHER THAN OWNER)

NAME: _____

MAILING ADDRESS: _____

PHONE CONTACT #: _____