

Town of Lakewood, WI

Short Term Rental Property, Hotel, Motel and Third-Party Rental Transient

ROOM TAX QUARTERLY RETURN

From: _____

Quarter Ending: _____

Taxable Room Receipts: _____

Total Gross Receipts	Room Tax Rate	Amount of Room Tax Imposed	Remittance to Municipality
\$	5%	\$	\$

For: _____
Name of Hotel, Motel or 3rd Party Rental

License #: _____

Address: _____

Date Completed: _____

Make check payable to: Town of Lakewood

Mail to: Po Box 40, Lakewood WI 54138

or hand deliver to: 17181 Twin Pines Rd, Lakewood, WI 54138

Persons failing to comply with the provisions of the enabling Town legislation will be subject to penalties as provided in the Town's Code of Ordinances.

I hereby certify that the information supplied hereon is true, accurate and complete.

Signature of Owner or Authorized Person

Date

Title

NOTICE TO NEW OWNERS: PRIOR TO USING THIS FORM, Owners must apply for an Operator's Permit.

Office Use Only Below this line

Date Paid _____ Amount Paid _____ Recpt # _____ Initials _____