



CITY OF HEATH

Mark D. Johns
Mayor

Jay R. Morrow
Auditor

David C. Morrison
Director of Law

1287 Hebron Road * Heath, OH 43056 * P: (740) 522-1420 * F: (740) 522-6324 * www.heathohio.gov

Date

Subject: Hotel Excise Tax (3%)

To: City of Heath
Attn: Auditor
1287 Hebron Road
Heath, Ohio 43056

Re: _____ (Hotel/Motel Name)

_____ (Street Address)

_____ Heath, Ohio 43056

In accordance with Ordinance 9-89, adopted February 6, 1989, and Ordinance 73-89, adopted September 18, 1989, (A Technical Corrections Amendment) the following report is submitted for the above referenced Hotel/Motel.

Period of Report _____, 20_____.

Amount collected during the period above representing 3% of room rent:

_____ dollars and _____ cents (\$_____)

The above amount transmitted by check # _____ dated _____, 20_____ made payable to: **The City of Heath.**

Hotel/Motel Representative Signature

Title

** Payment is due before the 28th day of each month for the preceding month.*