

TOWN OF LAKEWOOD 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
\$	6%	\$	\$

For: \_\_\_\_\_  
 Name of Hotel, Motel or 3<sup>rd</sup> Party Rental

Account: \_\_\_\_\_

At: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Make check payable to: Town of Lakewood

**Mail to: PO Box 40, Lakewood WI 53148**

**In Person: 17181 Twin Pines Rd., Lakewood WI**

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 Permit  
 REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPONE REQUEST AND IF FEASIBLE.