



420 N. Pokegama Ave
Grand Rapids, MN 55744
(218)326-7600
(218)326-7608 Fax

City of Grand Rapids

Motel /Hotel Voluntary Lodging Collection

Report for the month of: _____, _____

Due Date: _____ (25th of month following collection)

Name of Motel/Hotel: _____

Address: _____

-
1. Gross monthly receipts of rent collected for lodging _____
 2. Voluntary collection due, 3% of line1 above _____
 3. Penalty and interest (if due) _____
 4. Total amount due _____

I declare and certify under penalty of law that I have examined this statement and that to the best of my knowledge and belief it is true and correct.

Signature _____

Title _____

Date _____

Make checks payable to:

City of Grand Rapids

Mail to:

City of Grand Rapids
Attn: Finance Department
420 North Pokegama Avenue
Grand Rapids, MN 55744