



ROOM SURCHARGE REMITTANCE FORM

REMITTANCE FORM FOR \$3.00 ROOM SURCHARGE AND \$.80 PER CAMPSITE
(PER ROOM/SITE PER NIGHT)

All funds must be remitted by the 15th of each month after collection

Collection Month _____

Amount Submitted _____

Property Name _____

Contact Person _____

Property Address _____

Phone _____

Mail Remittance Form and check to:

City of Guntersville
Attn: Accounts Receivable
341 Gunter Ave, Guntersville AL 35976