

TRANSIENT OCCUPANCY TAX GOVERNMENT EMPLOYEE EXEMPTION FORM

∪песк арргорпате box	State of Californ	nia Employee nment Employe	e (including Military) e (who is exempt by reasor or international treaty)	ı of	
Hotel Name		Hotel Add	lress		
Date of Occupancy:	From	То	Total Rent Paid \$		
PLEASE <u>PRINT</u> NEA	ATLY WHEN FILLING	G IN THE INI	FORMATION BELOW		
Name of employee claiming exemption		Governm	Government Agency		
Agency Department		Telephor	Telephone Number		
Government Street Add	ress	City	State	Zip Code	
	or employee of the gov	ernmental age	(or will be) furnished for my ncy name above, and that somental agency.		
I declare under penalty	of perjury that the foreg	oing is true and	d correct.		
Executed this	_day of	,20	at Santa Clara, Califor	rnia	
Signature of hotel gues	t claiming exemption				

A CONTRACTOR FOR A GOVERNMENT AGENCY IS NOT EXEMPT FROM TRANSIENT OCCUPANCY TAX

OPERATOR: A separate exemption claim form is required from each person. Do not accept the claim unless the person provides you with at least one of the acceptable proof of exemptions forms show below. The original of this form AND a copy of the proof of exemption must be maintained by the operator as part of the business records or the claim for exemption from tax may not be approved.

*Acceptable proof of exemption:

- 1. A copy of the warrant or check drawn on the treasury of the United States or state of California
- 2. A copy of the official travel orders indicating the issuing governmental agency and the person's full name.
- 3. A copy of a letter on the official letterhead of an exempt governmental agency requesting exemption and listing the employee's name and stating that the stay is for official government business. The dates of occupancy must also be included.