

TOURISM IMPROVEMENT DISTRICT ASSESSMENT GOVERNMENT EMPLOYEE EXEMPTION FORM

Check appropriate box	State of California	rnia Employee nment Employee	(including Military) (who is exempt by reason o	of express provision of Federal
Hotel Name		Hotel Add	Hotel Address	
Date of Occupancy:	From	To	Total Rent Paid \$	
PLEASE <u>PRINT</u> NE	ATLY WHEN FILL	ING IN THE IN	FORMATION BELOW	
Name of employee claiming exemption		Governn	nent Agency	
Agency Department		Telephone Number		
Government Street Address		City	State	Zip Code
	r or employee of the	governmental age	n (or will be) furnished for mency name above, and that rnmental agency.	•
I declare under penalty	of perjury that the fo	regoing is true an	d correct.	
Executed this	day of	,20	at Santa Clara, Califo	ornia
Signature of hotel gues	t claiming exemption			

A CONTRACTOR FOR A GOVERNMENT AGENCY IS NOT EXEMPT

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 at the time of registration. 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 the assessment may not be approved.

*Acceptable proof of exemption:

- 1) A warrant or check drawn on the Treasury of the United States, or
- 2) A copy of the official travel orders including the issuing governmental agency and the employee's full name, or
- 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.