

## TRANSIENT OCCUPANCY TAX EXEMPTION CERTIFICATE

Name			_	Date		<u></u>
Address						
				Auto License No./State		
Exemption fi	rom th	e 8% Transient Occu (check all that		is hereby clair	ned on the follov	ving grounds:
(a)		I have/will occupied a room in the (name of hotel/motel)			for a period longer	
		than 30 consecutive				
(b)						
(c)	(c) I am an Officer/Employee of the foreign Government of and claim exemption under provisions of International Treaty.					
certify unde	er pen:	alty of law that the ab	ove is true	and correct to	the best of my k	knowledge.
			Signed:			
			Date:			
Authorized N	 Motel/F	Hotel Operator	_	Room No.		
				\$	Χ	
Motel/Hotel	Name		<del></del>	Rate	Number o	of Nights
				\$ Total Exemp	t Amount	

## **OPERATORS**

This form is provided for your use and benefit and authorizes you to omit the tax if you are so requested for the reasons listed. The total rents shown on these certificates may be deducted on your quarterly tax returns. The city officials may require you to produce the certificates and other records periodically for examination and audit if records are not available the claim for exemption from tax may not be approved. The employee must provide photo identification issued by the exempt government agency.