



970 Klamath Lane
Yuba City, CA 95993
(530) 822-2900
(530) 671-3422

**HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
EXEMPTION CLAIM FOR GOVERNMENT AGENCIES**

NAME: _____

TITLE: _____

EMPLOYED BY: _____

HOTEL/MOTEL: _____

LOCATION: _____

ARRIVAL: _____

DEPARTURE: _____

This is to certify that I, the undersigned, am a representative or employee of the school district indicated above. The district is an agency of the State of California. The charges for the occupancy at the above establishment on the dates set forth have been, or will be paid for by such governmental agency, and such charges are incurred in the performance of my official duties as a representative or employee of the above-noted governmental agency.

I hereby declare under penalty of perjury that the foregoing statements are true and correct.

Signature of Employee

Date

INSTRUCTIONS TO EMPLOYEE: Please complete this form and present to the hotel/motel at the time of registration or reservation if prepaid.

INSTRUCTION TO HOTEL/MOTEL: Please retain this form for your files in order to substantiate your tax report.

Form CSSF 006