

**TEMECULA WINE COUNTRY TOURISM MARKETING DISTRICT
EXEMPTION CLAIM FORM FOR
GOVERNMENTAL AGENCY OCCUPANTS**



CERTIFICATE NO. _____

HOTEL/MOTEL/OPERATOR NAME: _____

The undersigned claims exemption from paying the 2% TWC Tourism assessment on
\$ _____ gross room rental charged for the period shown below

_____ through _____
(month) (day) (year) (month) (day) (year)

Based on Resolution 2016-190

No tax shall be imposed on any officer or employee of a foreign government who is exempt by reason of express provision of federal law or international treaty.

Notice to Operators: Operators of hotels, etc., should not accept this claim for exemption unless the person presenting it shows satisfactory credentials. A separate claim form is required for each occupancy and for each representative. **RETAIN THIS FOR YOUR FILES TO SUBSTANTIATE.**

I declare under penalty of perjury that to the best of my knowledge the foregoing is true, correct, and complete.

Name of Foreign Government

Signature of Representative

Date

Signature of Owner/ Manager for TWCTMD

Date

Riverside County
Treasurer-Tax
Collector
P.O. Box 12005
Riverside, CA 92502
Attn: TWCTMD

Phone: 951-955-4219
Fax: 951-955-3923
E-mail:
RCTTC@rivco.org