

**TRANSIENT OCCUPANCY TAX
EXEMPTION CLAIM FORM FOR
GOVERNMENTAL AGENCY OCCUPANTS**



CERTIFICATE NO. _____

HOTEL/MOTEL/OPERATOR NAME: _____

The undersigned claims exemption from paying the 10% transient occupancy on
\$ _____ gross room rental charged for the period shown below

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

Based on Section 4 of Ordinance:

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

Address of Home Office

Signature of Representative

Date

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

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