



EXEMPTION CLAIM FROM TRANSIENT OCCUPANCY TAX

This is to certify that I, the undersigned, am exempt from the imposition of Transient Occupancy Tax imposed by this Hotel/Motel/Inn collecting the tax on behalf of the City of Rocklin by Rocklin Municipal Code No. 5.24.040.

I claim my right of exemption for the following reason (please check the appropriate box).

- Any Federal or State Employee when on official business
- Any Officer or Employee of a Foreign Government who is exempt by reason of express provision of Federal Law or International Treaty
- Other: _____

Name of Hotel/Motel/Inn: _____

Address: _____

Date(s) of Occupancy (Check-In): _____ (Check-Out): _____

Room Rate in the amount of \$ _____ (Total Room Rent)

Agency Name: _____

Address: _____

Agency Telephone #: _____

Name of Immediate Supervisor: _____

I hereby declare under penalty of perjury that I am an employee of the governmental agency indicated above; and that such charges are incurred in the performance of my official duties as an employee of such agency; and that the foregoing facts and statements are true and correct.

Occupant (Print Name) Signature Date

NOTE: No exemption shall be granted except upon a claim made at the time rent is collected and under penalty of perjury upon a form prescribed by the tax administrator. When a claim of exemption is defective, the operator: (i) shall be responsible for all taxes due with respect to the purported exempt transient; and (ii) the tax administrator shall give notice to the operator of all taxes due as a result of rejection of the exemption claims. The operator shall pay all sums due within ten working days of notification.

TO BE COMPLETED BY HOTEL OPERATOR

Hotel Operator (Print Name) Signature Date