

COUNTY OF SANTA CRUZ TAX COLLECTOR EDITH DRISCOLL – TAX COLLECTOR

P.O. BOX 5639 SANTA CRUZ, CA 95063 (831) 454 - 2510

This is to certify that I, the undersigned, am exempt from the Transient Occupancy Tax imposed by this hotel / motel / inn collecting the tax on behalf of the County of Santa Cruz by Ordinance 4.24.040 My right of exemption from this tax is claimed in the amount of \$______ (total room rent) for the following reason (please check the appropriate box). Any officer or employee of a foreign government who is exempt by reason of express provision of federal or international law. Other / Describe: П HOTEL/MOTEL/INN NAME _____ DATE OF OCCUPANCY – FROM ______ TO _____ ROOM RATE \$ _____ ROOM # ____ GOVERNMENT AGENCY: ______ ADDRESS: _____ NAME OF IMMEDIATE SUPERVISOR: _____ I hereby certify (or declare) under penalty of perjury, that the foregoing statements are true and correct. SIGNATURE OF CLAIMANT SIGNATURE OF HOTEL EMPLOYEE VERIFYING VALIDITY OF CLAIM PRINTED NAME OF CLAIMANT _____ DATE ____ WORK PHONE: (

- The Exemption Claim from Transient Occupancy Tax shall not be approved unless the person requesting the exemption
 presents a satisfactory credentials/orders reflecting current performance of official duties.
- A copy of the credentials/orders reflecting current performance of official duties.
- A separate exemption claim must be filed for each occupied room subject to rental for which the exemption is requested. DO NOT SEND THIS FORM TO TAX COLLECTOR.
- Please retain the original exemption form an all supporting documents with your records. This form may be subject to review in event of a county audit for the period of three years as prescribed by the Transient Occupancy Ordinance 4.24.040
- State and local government employees, contractors, federal government chartered companies, and subcontractors are not eligible for exemption from the tax.