

(B)

## **CONTRA COSTA COUNTY**

## TRANSIENT OCCUPANCY TAX EXEMPTION CLAIM FORM FOR GOVERNMENT AGENCIES

Name of Hotel/STR:	
Address:	
occupancy as to which, it is beyond the power of the cour	ex shall be imposed upon: (1) Any person as to whom, or any enty to impose the tax herein provided; (2) Any federal or state ent; (3) Any officer or employee of a foreign government who is international treaty."
Government Agency:	
Mailing Address:	
Federal Tax Identification:	Employee ID:
Date of Occupancy: From:	To:
he occupancy at the above establishment on the dates sh lirectly; and such charges are incurred in the performance	nown have, or will be, paid for by such Governmental Agency e of official duties.
declare, under penalty of perjury, that the foregoing statements are true and correct, and the identification submitted is authentic.	(A) I have verified the identification submitted to us by the representative/official/employee of the above agency.
(Signature - Governmental Agency Representative)	(Signature - Hotel Representative)
(Printed Name)	(Printed Name)
(Title)	(Title)
(Date)	(Date)
(A) In the event an occupant is found and proven to have falsified responsible for payment of the amount of tax due.	ed this exemption claim form, the hotel/motel operator will be held

DO NOT SUBMIT THIS FORM WITH YOUR QUARTERLY TOT RETURN. It should be kept on file for 3 YEARS FROM THE DATE OF THE RETURN (scanned copies are acceptable) and readily made available to a representative of the County

Tax Collector's Office for audit purposes upon request.