



CONTRA COSTA COUNTY

**TRANSIENT OCCUPANCY TAX
EXEMPTION CLAIM FORM
FOR GOVERNMENT AGENCIES**

Name of Hotel/Motel/Inn: _____

Address: _____

Contra Costa County Code §2530, 64-4.404 states: "No tax shall be imposed upon: (1) Any person as to whom, or any occupancy as to which, it is beyond the power of the county to impose the tax herein provided; (2) Any federal or state of California officer or employee when on official business; (3) Any officer or employee of a foreign government who is exempt by reason of express provision of federal law or international treaty."

Government Agency: _____

Mailing Address: _____

Federal Tax Identification: _____ Employee ID: _____

Date of Occupancy: From: _____ To: _____

The undersigned representative or employee of the Governmental Agency indicated above, certifies that the charges for the occupancy at the above establishment on the dates shown have, or will be, paid for by such Governmental Agency directly; and such charges are incurred in the performance of official duties.

I 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 this exemption claim form, the hotel/motel operator will be held responsible for payment of the amount of tax due.

(B) Do not submit this form to the Tax Collector's Office but should be made available during audit or when asked to be submitted.