

**TEMECULA WINE COUNTRY TOURISM MARKETING DISTRICT  
EXEMPTION CLAIM FORM**



CERTIFICATE NO. \_\_\_\_\_

HOTEL/MOTEL/OPERATOR \_\_\_\_\_

**WARNING:** Exemption begins on the 31st day of an uninterrupted period of greater than 30 days. Indicate the date of the 31st day of the occupancy and the dates exempted during this reporting period this month only.

Date of 31st day: \_\_\_\_\_  
Dates exempted for this reporting period \_\_\_\_\_ through \_\_\_\_\_  
\$ \_\_\_\_\_ Indicate gross rent collected that is subject to exemption for this reporting period only.

**DECLARATION OF MOTEL / HOTEL GUEST**

I declare, under penalty of perjury, that I have been a guest at the above- named motel/ hotel for more than 30 consecutive days.

\_\_\_\_\_  
Name of Guest (Printed)

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Signature of Owner/ Operator

Dated: \_\_\_\_\_

**ATTENTION MOTEL/HOTEL:** \*This form must accompany your monthly report to the County of Riverside in order to receive credit for the exemption. If this form is not received, you will be subject to penalty.

Riverside County  
Treasurer-Tax Collector  
P.O. Box 12005  
Riverside, CA 92502  
Attn: TWCTMD  
Phone: 951-955-4219  
Fax: 951-955-3923  
E-mail:  
ttc@rivcotc.org

**TEMECULA WINE COUNTRY TOURISM MARKETING DISTRICT  
EXEMPTION CLAIM FORM**



CERTIFICATE NO. \_\_\_\_\_

HOTEL/MOTEL/OPERATOR \_\_\_\_\_

**WARNING:** Exemption begins on the 31st day of an uninterrupted period of greater than 30 days. Indicate the date of the 31st day of the occupancy and the dates exempted during this reporting period this month only.

Date of 31st day: \_\_\_\_\_  
Dates exempted for this reporting period \_\_\_\_\_ through \_\_\_\_\_  
\$ \_\_\_\_\_ Indicate gross rent collected that is subject to exemption for this reporting period only.

**DECLARATION OF MOTEL / HOTEL GUEST**

I declare, under penalty of perjury, that I have been a guest at the above- named motel/ hotel for more than 30 consecutive days.

\_\_\_\_\_  
Name of Guest (Printed)

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Signature of Owner/ Operator

Dated: \_\_\_\_\_

**ATTENTION MOTEL/HOTEL:** \*This form must accompany your monthly report to the County of Riverside in order to receive credit for the exemption. If this form is not received, you will be subject to penalty.

Riverside County  
Treasurer-Tax Collector  
P.O. Box 12005  
Riverside, CA 92502  
Attn: TWCTMD  
Phone: 951-955-4219  
Fax: 951-955-3923  
E-mail:  
ttc@rivcotc.org