

**TRANSIENT OCCUPANCY TAX
EXEMPTION CLAIM FORM FOR
GOVERNMENTAL AGENCY OCCUPANTS**



CERTIFICATE NO. _____

HOTEL/MOTEL/OPERATOR NAME: _____

The undersigned claims exemption from paying the 10% transient occupancy on
\$ _____ gross room rental charged for the period shown below

_____ through _____
(month) (day) (year) (month) (day) (year)

Based on Section 4 of Ordinance:

No tax shall be imposed on any officer or employee of a foreign government who is exempt
by reason of express provision of federal law or international treaty.

Notice to Operators: Operators of STR /Hotels/ Motels, etc., should not accept this claim for exemption
unless the person presenting it shows satisfactory credentials. A separate claim form is required for each occu-
pancy and for each representative. **RETAIN THIS FOR YOUR FILES TO SUBSTANTIATE.**

I declare under penalty of perjury that to the best of my knowledge the foregoing is true, correct, and com-
plete.

Name of Foreign Government

Address of Home Office

Signature of Representative

Date

Riverside County
Treasurer-Tax
Collector
P.O. Box 12005
Riverside, CA 92502
Attn: T.O.T.

Phone: 951-955-0799
Fax: 951-955-9680
E-mail:
rcttctot@rivco.org