

Please return completed form to:

City of Vallejo · Commercial Services Division · 555 Santa Clara Street · Vallejo, CA 94590 Phone: (707) 648-4347 Fax: (707) 649-5407 www.ci.vallejo.ca.us

Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.

Vallejo Municipal Code Chapter 3.19

TRANSIENT OCCUPANCY TAX EXEMPTION CERTIFICATE FOR FEDERAL, STATE OF CALIFORNIA AND FOREIGN GOVERNMENT OFFICERS OR EMPLOYEES

SECTION A					
Please Check the Appl	ropriate Box:				
Federal Governm	nent Employee (including Milita	ary)	Foreign Go	overnment Employee	
State of Californi	a Employee		Foreign Di	olomatic or Consular Emplo	oyee & Dependents
SECTION B					
	Name of Lodging Facility			Address of Lodging Fac	cility
Date of Occupancy:				, taal ood of Loaging Fac	oy
. ,					
<u> </u>	From			То	
Name of	f Employee Claiming Exemption	un	Name of Govern	nment Agency/Foreign Dipl	omat or Consular
Trains of			Traine or Govern	Thomas Agency Are or	- Contract of Contract
Driver's License (Country/State/Number		er ————	Agency's Street Address		
<u>l</u>	Agency's Phone Number			City, State, Zip	
officer or employee	upancy of the room noted all of the government agency n d government agency.				
I declare under the pe	enalty of perjury under the la	ws of the State o	f California that	the foregoing is true and	correct.
Signature of	Hotel Guest Claiming Exempti	ion		Date	
SECTION C					
OPERATOR: A separate exenthe person provides you with employer. Acceptable forms of governmental agency and the governmental credit card used identification card.	at least one form of conclus of proof of exemption consist e person's full name, 2) a co	sive evidence that of only the follow opy of the warran	his or her occuing: 1) a copy of tor check issue	pancy is for the official b f the official travel orders d to pay for the occupan	usiness of his or her indicating the issuing cy, 3) a copy of the
The original of this form, togeth operator as part of its busines operator for a period of three validate the exemption claim, acceptable form of proof of exe	ss records or the claim for ex (3) years after the date any this form must be completed	xemption from the tax is due and pa I, signed, and atta	e tax may be der ayable pursuant t ached to your tax	nied. All records must be to Vallejo Municipal Code x return when you file alo	retained by the hotel Section 3.19.120. To ng with a copy of an
Verified By:	TO BE COMPLE	TED BY HOTEL OF	PERATOR		
Print Hotel Employee Name		Hotel Employ	ees Signature		1
Form 6 (Rev. 7/2013)	NOTE: A CONTRACTOR FOR A			(EMPT FROM THE TRANSIF	□ Date NT OCCUPANCY TAX