

LARRY WALKER
Tax Collector

County of San Bernardino
OFFICE OF THE TAX COLLECTOR
TRANSIENT OCCUPANCY TAX

172 West Third Street
San Bernardino, CA 92415
(909) 387-8308

EXEMPTION CERTIFICATE FOR FEDERAL,
STATE, COUNTY OR CITY AGENCIES

To: _____
Name of Hotel, etc. *Address*

This is to certify that I, the undersigned, am a representative or employee of the governmental agency indicated below; that the charges for the occupancy of the above establishment on the dates set forth below have been, or will be, paid by such governmental agency; and that such charges are incurred in the performance of my official duties as a representative or employee of such governmental agency.

Date of Occupancy _____ Rent Paid \$ _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, _____, at _____, California.

Governmental Agency *Signature of Representative*

Address at Home Office _____

Note: Operators of Hotels, etc., should not accept this certificate unless the person presenting it shows satisfactory credentials. A separate exemption certificate is required for each occupancy and for each representative.