

ENSEN MASON  
Treasurer – Tax Collector

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

268 W. Hospitality Lane 1<sup>st</sup> Fl.  
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 of 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.