

HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER **EXEMPTION CLAIM FOR GOVERNMENT AGENCIES**

Name	
Title	
Hotel/Motel	
Location	
Arrival Date	Departure Date
This is to certify that I, the undersigned, am a representative or employee of the San Diego Community College District. The District is an agency of the State of California. The charges for the occupancy at the above establishment on the dates set forth have been, or will be paid for by such governmental agency, and such charges are incurred in the performance of my official duties as a representative or employee of the above-noted governmental agency. I hereby declare under penalty of perjury that the foregoing statements are true and correct.	
Signature of Employee	Date
INSTRUCTIONS TO EMPLOYEE:	Please complete this form and present to the hotel/motel at the time of registration or reservation.

INSTRUCTIONS TO HOTEL/MOTEL: Please retain this form for your files in order to substantiate your tax report.