

**City of Saratoga
Transient Occupancy Tax (TOT)
Government Agency Exemption Claim Form**

Date: _____
Name of Hotel: _____
Address of Hotel: _____
Hotel Contact Name: _____
Hotel Phone Number: _____

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 at the above establishment on the dates set forth below have been, or will be paid for by such Governmental Agency; and that such charges are incurred in the performance of my official duties as a representative of such Governmental Agency.

Dates of occupancy: From _____ to _____
Hotel charges paid: _____
Government Agency: _____
Address of Home Office: _____

The exemption is based on Paragraph below (Circle A or B):

- A. Occupant is a Federal or State of California representative on official business;
- B. Occupant is a representative of a foreign government who is exempt by express provision of Federal law or international treaty.

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE, CORRECT, AND COMPLETE.

Signature of Representative Print Name and Title Date

Operators of hotels: Claimant must provide photo identification, proof of his or her government employment, and proof that his or her occupancy is for the official business of his or her governmental employer. A separate exemption certificate is required for each stay and for each representative. Keep this form, and copies of claimant's documentation, with your retained records.

** ILLEGIBLE CLAIMS WILL BE REJECTED **
