

**City of Saratoga  
Transient Occupancy Tax (TOT)  
Over 30 Consecutive Day Exemption Claim Form**

Date: \_\_\_\_\_  
Name of Hotel: \_\_\_\_\_  
Address of Hotel: \_\_\_\_\_  
Hotel Contact Name \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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This is to certify that I am exempt from Transient Occupancy Tax based on my stay at the above named hotel lasting longer than 30 consecutive days.

Dates of occupancy:        From \_\_\_\_\_ to \_\_\_\_\_  
Total number of consecutive days claimed: \_\_\_\_\_  
Hotel charges paid:        \_\_\_\_\_  
Room number:                \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Claimant                      Print Name                      Date

*Hotel Operator: Keep this form with your retained records.*

\*\* ILLEGIBLE CLAIMS WILL BE REJECTED \*\*

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