

CITY OF FOSTER CITY

610 FOSTER CITY BLVD
FOSTER CITY, CA 94404

CLAIM FOR EXEMPTION FROM TRANSIENT OCCUPANCY TAX

ALL LINES ON THIS FORM MUST BE COMPLETED OR CLAIM FOR EXEMPTION MAY BE DENIED.

Name of Hotel/Motel Date

Name of Claimant Title of Claimant

Name of Employing Agency

Address of Home Office City State Zip Code

The undersigned claims exemption from paying the 12% City Transient Occupancy Tax upon
\$ _____ room rental charge for the period _____
MM/DD/YYYY

through _____ based upon the following grounds: (check one)
MM/DD/YYYY

- 1. Occupation of room(s) will/has extend(ed) beyond 30 days.
- 2. Occupant(s) is(are) Officer(s) or Employee(s) of a Foreign Government, who is exempt by reason of express provision of Federal or International Treaty.
- 3. Occupant(s) is(are) beyond power of City to impose this tax for the following reasons:

I declare under penalty of perjury that the statements hereon are true, correct, and complete to the best of my knowledge.

Signature of Claimant Date

NOTICE TO OPERATORS: Upon request and presentation of credentials by occupant(s) claiming exemption, prepare two copies of the completed form, **attach one copy to the monthly Transient Occupancy Tax Return** and retain the other copy for your files. You are authorized to omit collection of this tax for each Occupancy and/or Representative who properly completes this form and such rents and/or taxes may be deducted from your Tax Return affected thereby.