



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 Operator \_\_\_\_\_ Date (MM/DD/YYYY)

\_\_\_\_\_  
Name of Occupant(s) - Printed or Typed \_\_\_\_\_ Title of Occupants

\_\_\_\_\_  
Name of Employer/Employing Agency \_\_\_\_\_ \$ Amount Paid for the Room

The undersigned claims exemption from paying the 9.5% City Transient Occupancy Tax for room rental charge for the period (MM/DD/YYYY) \_\_\_\_\_ through (MM/DD/YYYY) \_\_\_\_\_ based upon the following grounds: (check one)

1. Occupation of room will/has extend(ed) beyond 30 days by the same occupant(s) in the same room. Period of occupancy from (MM/DD/YYYY) \_\_\_\_\_ to (MM/DD/YYYY) \_\_\_\_\_. **Number of days stayed** \_\_\_\_\_.
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. Must attach Agency Letter or ID Card for the exempted be valid. *I hereby declare under penalty of perjury that I am a representative or employee of the governmental agency indicated below; and that such charges are incurred in the performance of my official duties as a representative or employee of such agency; and that the foregoing facts and statements are true and correct.*

\_\_\_\_\_  
Name of Employing Agency \_\_\_\_\_ Agency Telephone Number

\_\_\_\_\_  
Address of Home Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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 Occupant(s) \_\_\_\_\_ Date

**Verified by:**

\_\_\_\_\_  
Print Operator Employee's Name & Title \_\_\_\_\_ Operator Employee's Signature \_\_\_\_\_ 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.