

Hotel/Motel Transient Occupancy Tax Waiver

University Form

California State University, Fresno

September 1996

**HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
EXEMPTION CERTIFICATE FOR STATE AGENCIES**

DATE: _____

TO: _____
(NAME OF HOTEL/MOTEL)

ADDRESS: _____
(NUMBER) (STREET) (CITY) (ZIP CODE)

This is to certify that I, the undersigned, am a representative or employee of the State 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 the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

DATES OF OCCUPANCY: _____

AMOUNT PAID: \$ _____

STATE AGENCY California State University, Fresno Headquarters Long Beach, CA

I HEREBE DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRU AND CORRECT.

Executed at _____

(Signature)

DATE

HOTEL/MOTEL OPERATOR: RETAIN THIS FORM FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS

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