



STATE OF CALIFORNIA

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

DATE: _____

NAME OF HOTEL: _____

ADDRESS OF HOTEL: _____

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: OHLONE COMMUNITY COLLEGE DISTRICT

ADDRESS: 43600 MISSION BOULEVARD, FREMONT, CALIFORNIA 94539

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

EXECUTED AT (CITY) _____, STATE OF _____

SIGNATURE: _____ PRINTED NAME: _____

DATE: _____

INSTRUCTIONS TO EMPLOYEE: COMPLETE AND PRESENT THIS FORM WITH YOUR DISTRICT EMPLOYEE ID AT THE TIME OF RESERVATION, REGISTRATION OR DEPARTURE.

HOTEL/MOTEL OPERATOR: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR FINANCIAL REPORTS.