

Part C

City of San Clemente
Transient Occupancy Tax Exemption Form (Part C)

In order to request an exemption from remitting Transient Occupancy Taxes from an occupant, this form must be completed in full by the operator and signed by the occupant prior to, or on the first day of, occupancy. In the Absence of this agreement, the occupant is deemed to be a transient during the initial 29 days of occupancy and is thus subject to the City's Transient Occupancy Tax for said initial 29 day period.

Name of Guest (Print): _____

Daily Room Rate: _____

A.

Total Duration of Occupancy	Month/Day/Year <small>(Check in Date)</small>	Month/Day/Year <small>(Proposed Check Out Date)</small>
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B.
$$\frac{\$ \text{ Daily Room Rate}}{\text{Daily Room Rate}} \times \frac{\text{Number of Days Subject to TOT Exemption}}{\text{Number of Days Subject to TOT Exemption}} = \frac{\text{Total Rent Subject to TOT Exemption}}{\text{Total Rent Subject to TOT Exemption}}$$

C. OCCUPANT AFFIDAVIT:

I hereby certify that I am exempt from paying transient occupancy tax in the amount of \$_____. I understand that this agreement obligates me to pay rent to the hotel/motel operator for the right of exercising occupancy for thirty (30) or more consecutive days. In the event that I do not exercise occupancy for a period of thirty (30) or more consecutive days, I shall be liable to the operator for rent and tax for the period of time less than thirty (30) days upon check out. I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true.

Signature of Occupant

Date

Address

Telephone Number

City State Zip Code

FOR OPERATOR USE ONLY	
Exemption is granted to occupant. This form must be signed by the occupant prior to or upon check-in of the occupant. Make a copy and provide occupant with photocopy. The Operator must submit a copy of this form with the applicable Tax Return and maintain original for minimum of three years.	
Name of Operator _____	
Name of Employee (Print) _____	