

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

STD. 236 (NEW 9-91)

HOTEL/MOTEL OPERATOR: *RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS.
PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY.*

DATE EXECUTED

HOTEL/MOTEL NAME

TO:

HOTEL/MOTEL ADDRESS *(Number, Street, City, State, ZIP Code)*

This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicated below; that the charges for occupancy at the above establishment on the dates set forth below have been, or will be paid 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.

OCCUPANCY DATE(S)

AMOUNT PAID

\$

STATE AGENCY NAME

HEADQUARTERS ADDRESS

TRAVELLER'S NAME (Printed or Typed)

I hereby declare under the penalty of perjury that the foregoing statements are true and correct.

EXECUTED AT: *(City)*

TRAVELLER'S SIGNATURE

DATE SIGNED

,CALIFORNIA