

Establishment Name

EXEMPTION CLAIM from TRANSIENT OCCUPANCY TAX

City of West Sacramento / City Code Section 3.28.040

The undersigned hereby claims exemption from the Transient Occupancy Tax:

Establishment Address	City	State	Zip	Country	
Establishment (Area Code) and Phone Number		Establishments Email Address			
Name of Claimant		Title	Title		
Name of Federal/State Employer		Federal/State Dep	Federal/State Department		
Employer Address	City	State	Zip	Country	
Purpose of Stay					
Name of Supervisor		Supervisor's Emai	Supervisor's Email Address		
Date(s) of Stay					
Date(s) of occupancy during whitherefore, claiming exemption from the Claimant is entitled to an 3.28.040 which states:	m local taxation				
Any Federal or State of charges are paid by states.			on official b	usiness for which	
 Any officer or employer reason of express pro 				yee is exempt by	
I declare under penalty of perwas executed:	jury that the fore	going is true and corr	ect and that	this declaration	
on: Month Day	· · · · · · · · · · · · · · · · · · ·	 Year			
by:		Todi			
Signature of Claimant		Printed	Printed Name of Claimant		
Keep original in Hotel/Motel fi	les. Attach copy	of this claim to the q	uarterly tax	report submitted	

to the City of West Sacramento.