

141 N. Glen dale Ave., Suite 346 Glen dale, CA 91206-4975 Tel. (818) 548-2085 Fax (818) 956-3286 glen daleca gov

Transient Occupancy Tax Exemption Certificate for Governmental Agencies

This form is to be completed by a representative or employee of a governmental agency requesting an exemption from City of Glendale's Transient Occupancy Tax under Section 4.32.040 of the Glendale Municipal Code (GMC). The hotel operator, as defined in GMC, must retain this completed form and supporting documents for seven years.

NAME OF HOTEL			
ADDRESS		SUITE #	
CITY	STATE	ZIP CODE	
DATES OF OCCUPANCY	<u>.</u>	AMOUNT PAID FOR RO	OM
CHECK IN: CHECK OUT:			
EMPLOYEE NAME (FULL)			
GOVERNMENTAL AGENCY			
LOCATION OF HOME OFFICE (ADDRESS)		SUITE#	
LOCATION OF HOINE OFFICE (ADDRESS)		3011E#	
CITY	STATE	ZIP CODE	
Sili		 	
AGENCY PHONE NO. AGENCY F	FAX NO.	AGENCY WEBSITE	
L L			
I hereby declare under penalty of perjury that I, th	ne undersigned, am a represent	ative or employee of the gov	ernmental agency
indicated above; that the charges for the occupancy at the above establishment on the dates set forth have been, or will be, paid for			
by such governmental agency; and that such chalemployee of such governmental agency.	rges are incurred in the perforn	nance of my official duties as	a representative or
employee of such governmental agency.			
SIGNATURE		DATE	
NOTE: Operators should not accept this certificate unless the person presenting it submits satisfactory proof that he/she meet the requirements for the exemption (e.g. Government Agency Identification Card, Agency Letter, etc.). A separate exemption certificate is required for each occupant			
claiming the application.			
TO BE COMPLETED BY HOTEL OPED ATOD/STAFE			
TO BE COMPLETED BY HOTEL OPERATOR/STAFF			
This exemption is not valid unless the occupant's Government Agency ID Card or Agency Letter is attached			
VERIFIED BY: Print Hotel Employee's Name	Ittatal Employagia Ciamatura		Date
Print Hotel Employee's Name	Hotel Employee's Signature		Date