



**HOTEL/MOTEL TRANSIENT OCCUPANY TAX WAIVER
(EXEMPTION CERTIFICATE FOR FEDERAL AND/OR STATE AGENCIES)**

CITY of CALABASAS

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

DATE EXECUTED:

HOTEL/MOTEL NAME

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 Federal Government or 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 agency for which I am employed; and that such charges are incurred in the performance of my official duties as a representative or the employee of the United States government or employee of the State of California.

OCCUPANY DATE(S)

TOTAL TOT BEING WAIVED

AGENCY NAME

\$

HEADQUARTERS ADDRESS

TRAVELERS NAME (Printed or Typed)

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

EXECUTED AT: (CITY)

TRAVELER'S SIGNATURE

DATE SIGNED

,CA