



CITY OF OCEANSIDE

Finance Department

REQUEST FOR TRANSIENT OCCUPANCY TAX EXEMPTION

This form is to be completed in full and signed by person claiming exemption from the Transient Occupancy Tax of the City of Oceanside and retained by the hotel/motel. Please print information clearly below.

Hotel/Motel Name: _____

Hotel/Motel Street Address: _____

Transient Name: _____

Transient Phone Number (Business Hours): _____

PLEASE SELECT THE APPROPRIATE EXEMPTION REASON AND FULLY COMPLETE THE SECTION:

TOT EXEMPTION CLAIMED PER SECTION 34.14 OCEANSIDE MUNICIPAL CODE: DEFINITION OF TRANSIENT

This section is to be completed in full by person claiming exemption **due to duration of consecutive stay exceeding 30 days**. Exemption applies **only** to consecutive days of a stay exceeding 30 days unless there is an agreement in writing between operator and occupant for a longer period of stay. Written agreement must be attached.

Date(s) of Stay: _____

Purpose of Stay: _____

Exemption Amount: _____

TOT EXEMPTION CLAIMED PER SECTION 34.16 OCEANSIDE MUNICIPAL CODE: PERSON(S) DEEMED EXEMPT FROM TAX

This section is to be completed in full by person claiming exemption **while on official Federal or State of California government business**. If this stay is used, in whole or part, for non-business purposes, occupant shall be liable for payment of the applicable Transient Occupancy Tax of the City of Oceanside for occupancy on non-business days.

Government Entity (employer): _____

Title of Transient: _____

Employer Address: _____

Employer City State & Zip: _____

Supervisor's Name and Telephone Number: _____

(Operator) Verified: Government ID Orders Other: _____ Date/Initial _____

SIGNATURE AND DATE REQUIRED: I certify under penalty of perjury that the above information is true and correct and that the purpose of the above mentioned stay is exempt from the transient occupancy tax pursuant to the specified Section of the Oceanside Municipal Code identified above.

Occupant Signature

Date