



CITY OF GILROY TRANSIENT OCCUPANCY INDIVIDUAL EXEMPTION FORM

Lodging Establishment: _____

PART I, OCCUPANT: You must complete this part if you are claiming an exemption from the Transient Occupancy Tax. **CIRCLE** the number of the exemption that applies to your occupancy and sign on the line below.

1. I am an officer or employee of the federal government or a foreign government on official business, and exempt by reason of express provision of federal law or international treaty.
(Employees of state and local government do not qualify for this exemption)

2. My occupancy period will exceed 30 days and there is a written agreement between me and the operator of this lodging establishment that provides for a continuous occupancy period of more than 30 days. A copy of this agreement is attached to this Individual Exemption Form.

3. My occupancy period will exceed 30 days but there is no written agreement. Although I must pay Transient Occupancy Tax during the first 30 days of continuous occupancy in this lodging establishment, I am exempt from these taxes for the period of continuous occupancy after the first 30 days.

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true and correct.

Name Title Date

Signature

PART II, LODGING OPERATOR: You must complete this part to document any occupancies which you are reporting as exempt from Transient Occupancy Tax, and must retain this form for four years.

1. Enter the date occupancy began for the person named in PART I: _____

2. Enter the date occupancy ended or is anticipated to end for the person named in PART I: _____

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true and correct.

Name Title Date

Signature Contact Phone Number

Attach this Individual Exemption Form and the Quarterly Exemption Summary Form to the Quarterly Transient Occupancy Tax Return. Keep a copy for your records. For exempt occupants continuing after the reporting period, attach a copy of this form to each applicable reporting period.