



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street • Post Office Box 7540 • Mountain View • California • 94039-7540
650-903-6316 • Fax 650-968-1786

**Transient Occupancy Tax
Foreign/Domestic Government Representative
Exemption Claim Form**

(Check appropriate box) U.S. Federal Employee County or City Employee
 State Employee Foreign Government Representative

Establishment: _____

Address: _____

Quarter Ending: _____

Date of occupancy: From _____ To _____ Total rent paid: \$ _____

Please print neatly when filling in the following information:

(1) _____
Name of Person Claiming Exemption (Occupant)

(2) _____
Government Entity (Employer)

(3) _____
Agency/Department

(4) (_____) _____
Telephone Number

I certify that the occupancy of the facilities noted above has been (or will be) furnished for my exclusive use, and that I am the officer or employee of the agency or government named above, and that such charges are incurred in the performance of my official duties for said agency or government.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____ at Mountain View, California.

Signature of person claiming exemption: _____ (Not Operator)

Operator: A separate exemption claim form is required for each person. Do not accept this claim unless the person provides you with acceptable proof of exemption (i.e., a copy of official travel orders or some proof of official business and I.D.). The original of this form AND a copy of the proof of exemption must be submitted with your establishment's Quarterly Transient Occupancy Tax Return to the City of Mountain View in order to receive credit for the exemption. If this form is not received, is not completed properly, is not signed by occupant, or the proper proof is not attached, the exemption will not be accepted.