



CITY OF OAKLAND  
 REVENUE DIVISION  
 150 Frank H Ogawa Plaza, Suite 5342  
 Oakland, California 94612

CITY OF OAKLAND  
 TRANSIENT OCCUPANCY TAX EXEMPTION APPLICATION  
 (For Governmental Agencies Only)

Account Number: \_\_\_\_\_  
 (For office use only)

Date: \_\_\_\_\_

I declare under penalty of perjury that I am an Officer/Employee engaged in official government business for:

FEDERAL: \_\_\_\_\_  STATE: \_\_\_\_\_  
 (Name of Agency) (Name of State)

OTHER GOVERNMENT: \_\_\_\_\_  
 Name of County  City  Foreign Government

Name of Hotel, Motel, etc.: \_\_\_\_\_

Address: \_\_\_\_\_ Room No.: \_\_\_\_\_ No. of Days: \_\_\_\_\_

Exempt Government Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Number and Street Name City State/Zip Code

Representative: \_\_\_\_\_  
 (Please Print) Name Title

I do hereby claim exemption from Transient Occupancy Tax during my stay in this facility.

\_\_\_\_\_  
 Representative's Signature

OPERATORS

- ◆ A separate exemption certificate is required for *each* occupancy and for *each* representative or employee.
- ◆ You should not accept this certificate unless the person presenting it shows satisfactory credentials and meets the necessary requirement(s) for exemption.
- ◆ The operator is responsible for collection and payment of tax Section 5-20.05

**Submit original with TOT return and retain copy for your records.**