



CITY OF FORT BRAGG

416 N. FRANKLIN, FORT BRAGG, CA 95437
PHONE 707/961-2823 FAX 707/961-2802

**CLAIM FOR EXEMPTION FROM TRANSIENT OCCUPANCY TAX
City of Fort Bragg Municipal Code Chapter 3.12**

I, _____ declare, under penalty of perjury, pursuant to the laws of the State of California, that the following statement is true, correct and complete:

A. I claim an exemption of \$_____ for room tax charged to me on _____ for the following reason (check one):

____ 1. I am an officer or employee of a foreign government who is exempt by reason of express provision of Federal Law or International Treaty. I am an officer or employee of the following foreign governmental agency:

_____(name and address of Agency). A true correct and complete copy of my employee ID or my employment work order is attached to this declaration and incorporated herein as though set forth in full.

____ 2. I am signing an agreement at the time of check-in, which provides for occupancy beyond 30 days. (No tax collected)

____ 3. I have occupied a room (or rooms) in this hotel/motel for 30 days and will be staying for a longer period. (No tax collected from day 31 to the end of consecutive occupancy)

____ 4. I have occupied a room (or rooms) in this hotel/motel for less than 30 days and am signing an agreement providing for occupancy beyond 30 days. (No tax collected from date of agreement to the end of consecutive occupancy)

B. The following further information, reference, facts and reasons confirm my claim for exemption:

This claim for Exemption for Transient Occupancy Tax is executed on _____, 20____, at Fort Bragg, California.

Signature

Print Name