CITY OF PALM DESERT
TRANSIENT OCCUPANCY TAX
GOVERNMENT EMPLOYEE EXEMPTION CLAIM

Government Agency ________________________________
(Name of Department/Division/Agency/Country)

Employee Name ___________________________________________

I certify under penalty of perjury, that the occupancy of the facilities above have been (or will be) furnished for the exclusive use of and will be by the governmental agency named above and that such charges are incurred in the performance of my official duties as a representative or employee of such governmental agency.

Signature ___________________________ Title ______________________

Telephone ___________________________ Date ______________________

A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH OCCUPANCY AND FOR EACH REPRESENTATIVE.

For Hotel Use

Hotel/Motel Name _______________________

Dates of Occupancy ___________________ Clerk Verification Initials ________________

Please verify each exempted government representative’s valid identification or business card by writing initials above.

Do Not send this form to the City. This form is to be retained by the Hotel/Motel operator for no less than three years.

GovEmpExempt2012