

**HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
EXEMPTION CERTIFICATE FOR STATE AGENCIES**

DATE:

TO:

ADDRESS:

This is to certify that I, the undersigned, am a representative or employee of the state agency indicated below: that the charges for the occupancy at the above establishment on the date(s) set forth below have been, or will be, paid for the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

DATE(S) OF OCCUPANCY:

AMOUNT PAID:

STATE AGENCY: Palomar Community College District
1140 West Mission Road
San Marcos, CA 92069-1487
(760) 744-7003

**I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE
FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

Executed at San Marcos, CA

(Employee Signature and Date)

**HOTEL/MOTEL OPERATOR:
RETAIN THIS FORM FOR YOUR FILES
TO SUBSTANTIATE YOUR REPORTS**