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# Hotel/Motel Transient Occupancy Tax Waiver

# Exemption Certificate for State Agencies

Date:

To:

Address:

 (Street Address) (City) (State) (Zip Code)

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 representa-tive or employee of the State of California.

Date(s) of Occupancy:

Amount Paid:

State Agency San Jose/Evergreen Community College District

Headquarters: 40 South Market Street, San Jose, CA 95113

I hereby declare under penalty of perjury that the foregoing statements are true and correct.

Executed at , CA, by on

 (City) (Employee Signature) (Date)

# Hotel/Motel Operator: Retain this form for your files to substantiate your records.