

County of Santa Barbara
Treasurer-Tax Collector
105 E. Anapamu St # 109
Santa Barbara, CA 93101



Mailing Address:
PO Box 579
Santa Barbara, CA 93102
(805) 568-2927

FEDERAL EXEMPTION CLAIM FORM

To _____
(Name of Hotel) (Address)

THIS IS TO CERTIFY that I, the undersigned, am a representative or employee of the **Federal Government Agency** indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by such Federal Governmental Agency; and that such charges are incurred in the performance of my official duties as a representative or employee of such Governmental Agency.

Name of Employee: _____ ID # _____

Name of Agency: _____

Agency Address: _____

Dates of Stay: _____ Through _____ Rent Paid: \$ _____

I HEREBY CERTIFY (or declare) under penalty of perjury, that the foregoing statements are true and correct

(Signature of **Federal Representative/Employee**)

(Date)

HOTEL & MOTEL OPERATORS:

Do not accept this certificate *unless* the person presenting it shows satisfactory credentials, and meets all the required conditions. A separate certificate is required for each occupancy, and for each representative. The federal government, or the federally chartered agency, must either pay you directly, or the employee may pay with a credit card issued by the federal agency to the employee. Federal employees on vacation are not exempt. The United States Government and the motel operator have the burden to show that the exemption applies. The completed copies of our Federal Exemption Claim Form, substantiating all exemptions taken, must be attached to the monthly Transient Occupancy Return. A hotel employee must validate the Federal Exemption Claim Form by legibly cosigning the form, and listing their job title.

(Signature of Validating Hotel/Motel Employee)

(Title of Hotel/Motel Employee)