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

STD. 236 (Rev 10/2019)

	WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS. ON BY OPERATORS IS STRICTLY VOLUNTARY	DATE EXECUTED
HOTEL/MOTELNAME		
TO: HOTEL / MOTEL ADDRESS (Number, Street, City	, State, ZIP Code)	
This is to cartify that I the	undersigned traveler, am a representative or employee of	the State agency
indicated below; that the c below have been, or will be	harges for the occupancy at the above establishment on the paid for by the State of California; and that such charges duties as a representative or employee of the State of Cali	e dates set forth are incurred in the
periormance or my omciai	duties as a representative or employee of the state of Call	Orma.
OCCUPANCY DATE(S)	uddes as a representative or employee of the state of call	AMOUNT PAID
OCCUPANCY DATE(S)	uddes as a representative or employee of the State of Call	
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OCCUPANCY DATE(S)	duties as a representative or employee of the State of Call	AMOUNT PAID
OCCUPANCY DATE(S) STATE AGENCY NAME	duties as a representative or employee of the State of Call	AMOUNT PAID
OCCUPANCY DATE(S) STATE AGENCY NAME HEADQUARTERS ADDRESS	duties as a representative or employee of the State of Call	AMOUNT PAID
OCCUPANCY DATE(S) STATE AGENCY NAME HEADQUARTERS ADDRESS TRAVELER'S NAME (Printed or Typed)	e under the penalty of perjury that the foregoing statements are true	\$
OCCUPANCY DATE(S) STATE AGENCY NAME HEADQUARTERS ADDRESS TRAVELER'S NAME (Printed or Typed)		\$