

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

STD. 236 (NEW 9-91)



**HOTEL/MOTEL OPERATOR: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS.
PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY**

DATE EXECUTED

HOTEL / MOTEL NAME

TO:

HOTEL / MOTEL ADDRESS (Number, Street, City, State, ZIP Code)

This is to certify that I, the undersigned traveler, am a representative or employee of the State 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 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.

OCCUPANCY DATE(S)

AMOUNT PAID

\$

STATE AGENCY NAME

California Senior Legislature

HEADQUARTERS ADDRESS

1020 N Street, Suite 513; Sacramento, CA 95814

TRAVELER'S NAME (Printed or Typed)

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

EXECUTED AT: (City)

TRAVELER'S SIGNATURE

DATE SIGNED

. CALIFORNIA