



**CITY OF BENICIA**  
**TRANSIENT OCCUPANCY TAX**  
**EXEMPTION FORM\***  
**Benicia Municipal Code Section 3.24.040**  
**California Revenue and Taxation Code §7280**

**HOTELIER:**

\_\_\_\_\_  
Hotel Name Hotel Address & Room #

Date of Occupancy \_\_\_\_\_ to \_\_\_\_\_ Total Rent Paid \$ \_\_\_\_\_

**ROOM(S) RENTED BY (check one):**

U.S. Government     State of \_\_\_\_\_     Foreign Government     30+ days Stay

**HOTEL GUEST:**

\_\_\_\_\_  
Name of Person Claiming Exemption Government Agency (if applicable)

\_\_\_\_\_  
Agency Department Area Code and Phone Number

\_\_\_\_\_  
Government Agency Street Address City, State, ZIP

I certify that the occupancy of the room noted above has been (or will be) furnished for my exclusive use, and that I am an employee or officer of the federal, state, or local government agency named above, and that my occupancy is for official government business, or that my stay was more than 30 consecutive days and exempt from the tax.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ at Benicia, California.  
Date

\_\_\_\_\_  
Signature of hotel guest claiming exemption Title

\*A copy of this form shall be submitted by Hotelier with each Quarterly TOT Remittance Form.