

**STATE OF CALIFORNIA
HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER
EXEMPTION CERTIFICATE FOR STATE AGENCIES**

Date: _____

To: _____
(Name of Hotel or Motel)

Address: _____
(Number) (Street) (City) (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 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.

AMOUNT PAID: \$ _____

STATE AGENCY: SONOMA STATE UNIVERSITY, 1801 E. COTATI AVENUE,
ROHNERT PARK, CA. 94928

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

EXECUTED AT _____, CA. _____
(City) (Signature) (Date)

HOTEL/MOTEL OPERATOR: RETAIN THIS FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS.