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

Date: _______________

To: ____________________________

(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.