CITY OF VICTORVILLE
TRANSIENT OCCUPANCY TAX EXEMPTION FORM
All information must be provided for the exemption to be considered

PERIOD: _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____

LOCAL TELEPHONE NUMBER: _____

THIS FORM MUST BE COMPLETED IN ORDER TO CLAIM A TRANSIENT OCCUPANCY TAX
EXEMPTION ON YOUR TRANSIENT OCCUPANCY TAX PAYMENT

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*Occupant's Name (PRINT) _____	*Dates of Occupancy this Qtr: *From: _____ *To: _____ *1st date of occupancy: _____**	*Room # *No. Exempt Days stay	Rent Amt *Daily Rate: $ *Total Exempt Amt: $

I, the undersigned occupant, swear under the penalty of perjury that the information submitted on this form is true and correct to the best of my knowledge.

*Occupant's Signature: *Date Signed:

*Occupant's Permanent Mailing Address:

*City: *State: *Zip Code:

*Contact Telephone Number:

This Section is to be Completed By the Establishment Operator

I swear under the penalty of perjury that the information submitted on this form is true and correct to the best of my knowledge.

*PRINT OPERATOR NAME: _____

*OPERATOR'S SIGNATURE: _____ DATE: _____

* Required information for the guest to be considered for exemption.
**First 30 consecutive days are taxed. Exemption begins on the 31st day of consecutive occupancy.

**PROVIDE THIS COMPLETED FORM
WITH YOUR APPLICABLE TRANSIENT OCCUPANCY TAX REPORT**

revised 9-19-17