



Chaffey Joint Union High School District
211 West Fifth Street, Ontario, California 91762
(909) 988-8511

Transient Occupancy Tax Exemption Form

Employee's Information:	Hotel/ Motel Information:
Name: _____	Name: _____
School Site: _____	Address: _____
Department: _____	City, State, Zip: _____
Position: _____	Arrival Date: _____
	Departure Date: _____

This is to certify that I, the undersigned, am a representative or employee of the school district indicated above. This district is an agency of the State of California. The charges for the occupancy of the above establishment on the dates set forth have been, or will be paid for by such governmental agency, and such charges are incurred in the performance of my duties as a representative or employee of the above-noted governmental agency.

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

Signature of Employee

Date

INSTRUCTIONS:

Employee:

Please complete this form and present it to the hotel/ motel at the time of registration or reservation, if prepaid.

Hotel/ Motel:

Please retain this form for your records in order to substantiate your tax report. If you have any questions concerning the grant of this Transient Occupancy Tax Exemption to the district employee, please contact the local city or county tax collector to whom you pay Transient Occupancy Tax for approval.