

**COUNTY OF ALAMEDA - UNINCORPORATED AREAS
HOTEL AND LODGING TAX
OVER THIRTY DAY EXEMPTION FORM**

To qualify as a long-term occupant, this form must be completed in full by the operator and signed by the occupant by the last day of occupancy.

Please complete in ink.

Name of Hotel Guest (Print): _____

Room Rate: _____ Room Number: _____

Period of Residency: Check In: ____/____/____ Check Out ____/____/____
Month/Day/Year Month/ Day/Year

THE UNDERSIGNED hereby is for more than Thirty (30) consecutive calendar days.

\$ _____	X	_____	=	_____
Daily Room Rate		Number of Days Subject to HLT Exemption (for applicable Reporting Period)		Total Rent Subject to HLT Exemption
_____	X	<u>10%</u>	=	_____
Total Rent Subject to		HLT Rate		Total HLT Subject to Exemption

OCCUPANTS AFFIDAVIT:

I hereby certify that I am exempt from paying hotel and lodging tax in the amount of \$ _____. I understand that this agreement obligates me to pay rent to the hotel/motel operator for the right of exercising occupancy for thirty-one (31) days or more consecutive days. In the event that I do not exercise occupancy for a period of thirty-one (31) or more consecutive days, I shall be liable to the operator for rent and tax for the period less than thirty-one (31) days upon check out. I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge and belief, the statements made herein are correct and true.

Signature of Occupant Date

Address City State Zip

FOR HOTEL USE ONLY:

Exemption is granted to occupant. The occupant must sign this form before or upon check in of the occupant. Make a copy and provide occupant with photocopy. The Hotel must submit a copy of this form with the applicable Exemption Report and maintain original for minimum of three years.

Name of Hotel/Motel: _____

Name of Hotel/Motel Employee (Print) _____