



TRINITY COUNTY

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TRANSIENT OCCUPANCY TAX REQUEST FOR EXEMPTION

To:

(Name of Hotel/Motel)

(Address of Hotel/Motel)

From:

(Traveler's Name)

(County Agency & Department Name)

Dates of Occupancy:

(Check In)

(Check Out)

This is to certify that I, the undersigned traveler, am an employee of the County of Trinity and the charges for this occupancy at the above establishment on the dates set forth have been or will be paid by the County of Trinity. All such charges are incurred in the performance of my official duty as an employee of the County of Trinity.

I hereby declare under the penalty of perjury that the foregoing statement is true and correct.

Date:

(Employee Signature)