(C) ~		TRANSIE GOVER	OF SUNNYV NT OCCUPAN NMENT EMPL ION CLAIM	NCY TAX OYEE	
(Cl	Check appropriate box) [] Federal Government employee [] state of California employee [] Foreign Government employee (if exempt by a express provisions of federal law or internation []				
Но	tel Name		Hotel Address		
Da	te of occupancy: From	То		Total rent paid \$	
PL	EASE <u>PRINT</u> NEATLY WHEN	FILLING IN	THE INFOR	MATION BELOW	
Name of employee claiming exemption			Government Agency		
Ag	ency Department	Ā	rea Code and Pho	one Number	
Go	vernment Street Address	Ē	ity	State	Zip Code
tha	ertify that the occupancy of the room n t I am the officer or employee of the g the performance of my official duties f	overnmental	agency named ab		
I d	eclare under penalty of perjury that the	e foregoing is	true and correct.		
Ex	ecuted thisday of		,20at Sunr	nyvale, California	
Sig	nature of hotel guest claiming exempt	ion			
the ori bus ide	ERATOR: A separate exemption clair person provides you with at least one ginal of this form AND a copy of the p siness records or the claim for exempti- ontification issued by the exempt gover <u>CONTRACTOR FOR A GOVER</u> <u>CCUPANCY TAX.</u>	of the accept proof of exem on from tax r nment agency	able proof of exe ption must be ma nay not be appro- 7.	mptions forms shown a aintained by the operate ved. The employee mu	below*. The or as part of the list provide photo
*A	cceptable proof of exemption:				
1. 2.	A copy of the warrant or check drawn on the treasury of the United States or state of California. A copy of the official travel orders indicating the issuing governmental agency and the person's full name.				
3.	A copy of a letter on the official letterhead of an exempt governmental agency requesting exemption and listing the employee's name and stating that the stay is for official government business. The dates of occupancy must also be included.				

City of Sunnyvale Attention: Finance/Transient Occupancy Tax P.O. Box 3707 Sunnyvale, CA 94088-3707 (408) 730-7656