City of Brea, Administrative Services Department
1 Civic Center Circle, Brea, CA 92821
714-770-7678 | acctsreceivable@cityofbrea.net

Transient Occupancy Tax Exemption Form

_____ _____
(NAME OF HOTEL/MOTEL) (ADDRESS)

RETURN FOR PERIOD _____ THRU _____ DUE DATE _____

NAME OF GUEST	DATES OF OCCUPANCY	MEMO, if applicable	EXEMPTION CATEGORY (2a or 2b)	AMOUNT
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

EXEMPTION CATEGORIES

2a. Guests that have non-interrupted occupancy of a room, on the 31st night at the hotel the guest is exempt from the room tax for the remainder of the stay.

2b. Any federal or state officer when on official business or any officer or employee of a foreign government who is exempt by reason of expression of federal law or intentional treaty.

If APPLICABLE, THIS EXEMPTION FORM MUST BE SUBMITTED WITH THE TRANSIENT OCCUPANCY TAX REPORT EVERY REPORTING PERIOD

Under penalties of perjury, I declare that I have examined this form, including the accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

_____ _____ _____
(SIGNATURE OF HOTEL REPRESENTATIVE) (TITLE) (DATE)