CITY OF MORGAN HILL

Transient Occupancy Tax Over Thirty-Day Exemption Form

In order to qualify for an over thirty day exemption, this form must be completed in full by the operator and signed by the occupant. Absent such obligatory agreement, occupant is deemed to be a transient and subject to the City's Transient Occupancy Tax for exercising occupancy for a period of thirty consecutive calendar days or less. Please complete in ink.

Room Rate: $_____   Check one: Room Number: _____
                                       ○Daily ○Weekly ○Monthly   (or attach listing if multiple rooms)

Period of Residency: m/d/yr _____   to   m/d/yr _____

A.   The UNDERSIGNED hereby request to be exempted from paying Transient Occupancy Tax in the amount

of $_____ because the tenancy is for more than thirty consecutive calendar days.

B. $_____   x   _____   = $_____
          Daily Room Rate   Number of Days   Total Rent Subject to
                                      Subject to TOT exemption   TOT Exemption

        $_____   x   12.5%   = $_____
          Daily Room Rate   TOT(11%) + TBID (1.5%)Rate   Daily Tax Rate

        $_____   x   _____   = $_____
          Daily Tax   Number of Days   Total TOT
                                    Subject to TOT exemption   Subject to Exemption

OCCUPANT AFFIDAVIT:

I hereby certify that I have been exempted transient occupancy 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 in excess of thirty (30) consecutive days. Although I may not exercise occupancy for a period in excess of thirty (30)consecutive days, I shall be liable to the operator for rent for the period of time agreed upon. I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true.

_____   _____
                Signature of Occupant   Date

_____
        Telephone Number

FOR HOTEL USE ONLY

Hotel Note:	Exemption is granted to occupant. This form must be signed by the occupant. Make copy and provide occupant with photocopy. Hotel must file and maintain original for minimum of three years.

Name of Hotel/Motel:_____

Name of Hotel/Motel Employee: _____

\