

**COUNTY OF MONROE
HOTEL ROOM RENTAL EXCISE TAX
EXEMPTION CERTIFICATE**

Name of Establishment: _____

For Report Period End: _____

I, as the patron am exempt from paying the Hotel Excise Tax to the Operator of this Establishment for the following reasons:

I am a Permanent Resident who has occupied a room or rooms in this Establishment for a period exceeding thirty (30) consecutive days.

Other reason for exemption (explain in detail): _____

Name of Patron _____

Address _____

City _____ State _____ Zip _____

Signature of Patron _____ Date _____

I, the Hotel Operator am authorized to execute this Certificate and claim this exemption. I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.

Operator Signature _____ Date _____

The Establishment shall maintain record to support and identify all exempt occupancies.

This form can be duplicated

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED