COUNTY OF MONROE
HOTEL ROOM RENTAL EXCISE TAX EXEMPTIONS
PERMANENT RESIDENTS

Name of Establishment:_____

For Report Period End:_____

Guest Name	Room Number	Check In Date	Check Out Date	Total Days Exempt	Exempt Revenue
				Total	

Guest Hotel Folios must be on file for exemptions that are claimed.

I, the Hotel Operator certify that this statement has been examined by me and that the information herein is true, correct, and complete to the best of my knowledge.

_____ _____

Operator Signature Date