

STATE OF CALIFORNIA

**HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER  
EXEMPTION CERTIFICATE FOR STATE AGENCIES**

TD.236 (NEW 9-91)

**HOTEL/MOTEL OPERATOR: RETAIN THIS WAIVER FOR YOUR FILES TO SUBORDINATE YOUR REPORTS.**

DATE

**PARTICIPATION BY OPERATIONS IS STRICTLY VOLUNTARY**

HOTEL/MOTEL NAME

**TO:**

HOTEL/MOTEL ADDRESS (Number, Street, City, State, ZIP Code)

***This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.***

OCCUPANCY DATE(S)

AMOUNT PAID

STATE AGENCY NAME

HEADQUARTERS ADDRESS

TRAVELER'S NAME (Printed or Typed)

***I hereby declare under the penalty of perjury that the foregoing statements are true and correct.***

EXECUTED AT: (City)

TRAVELER'S SIGNATURE

DATE SIGNED

, CALIFORNIA

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