

**COUNTY OF ALAMEDA - UNINCORPORATED AREAS  
HOTEL AND LODGING TAX  
OVER THIRTY DAY EXEMPTION FORM**

To qualify as a long-term occupant, this form must be completed in full by the operator and signed by the occupant by the last day of occupancy.

**Please complete in ink.**

Name of Hotel Guest (Print): \_\_\_\_\_

Room Rate: \_\_\_\_\_ Room Number: \_\_\_\_\_

Period of Residency: Check In: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Out \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year Month/ Day/Year

THE UNDERSIGNED hereby is for more than Thirty (30) consecutive calendar days.

|                       |          |   |   |  |
|-----------------------|----------|---|---|--|
| \$ _____              | <b>X</b> | _____   | = | _____                                  |
| Daily Room Rate       |          | Number of Days Subject to<br>HLT Exemption (for applicable<br>Reporting Period) |   | Total Rent Subject to HLT<br>Exemption |
| _____                 | <b>X</b> | _____   | = | _____                                  |
| Total Rent Subject to |          | 10%<br>HLT Rate   |   | Total HLT Subject to Exemption         |

**OCCUPANTS AFFIDAVIT:**

I hereby certify that I am exempt from paying hotel and lodging 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 for thirty-one (31) days or more consecutive days. In the event that I do not exercise occupancy for a period of thirty-one (31) or more consecutive days, I shall be liable to the operator for rent and tax for the period less than thirty-one (31) days upon check out. I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge and belief, the statements made herein are correct and true.

\_\_\_\_\_  
Signature of Occupant Date

\_\_\_\_\_  
Address City State Zip

**FOR HOTEL USE ONLY:**

Exemption is granted to occupant. The occupant must sign this form before or upon check in of the occupant. Make a copy and provide occupant with photocopy. The Hotel must submit a copy of this form with the applicable Exemption Report and maintain original for minimum of three years.

Name of Hotel/Motel: \_\_\_\_\_

Name of Hotel/Motel Employee (Print) \_\_\_\_\_