CITY OF DUBLIN
TRI-VALLEY TOURISM ASSESSMENT

Mail to: City of Dublin, Attention Finance Department, 100 Civic Plaza, Dublin, CA 94568

LODGING BUSINESS NAME: _____

Lodging Business Address: _____

For the Period Ending _____

(___/___/___) through (___/___/___)

CHANGE OF OWNERSHIP must be filed and reported immediately to the Finance Department, City of Pleasanton
IF BUSINESS IS DISPOSED OF, FINAL RETURN must be filed, and assessment paid within 30 days
IF THIS IS A FINAL RETURN, CHECK HERE: [_____]

OCCUPANCY DATA:

A. Number of room nights <u>available</u> during the reporting period: _____
   (total rooms multiplied by number of days in the period)

B. Number of <u>paid occupied room nights</u> during the reporting period: _____
   Note: In computing assessment due, comp rooms/gift certificates may be deducted

   Percent of Occupancy ("B" divided by "A") [_____]

ASSESSMENT COMPUTATION:

C. Assessment Due: *($4.00 x paid occupied rooms from "B" above)* _____

D. Less Exemptions (attach documentation for all exemptions claimed):
   Rooms occupied more than 30 days (_____)

   Other exemptions (_____)

E. Assessment Due: ("C" less "D") _____
   (Due before the last day of the month following the close of the period for which the assessment is being remitted)

F. Plus Penalties and Interest Due: _____
   (The assessment will be delinquent if not paid on or before the last day of the month in which due (e.g., period closing March 31st - assessment is due by April 30). A penalty of 10% will be added after delinquent date and an additional penalty of 10% will be added if more than 30 days, plus interest of one-half of 1% per month)

TOTAL DUE: ("E" + "F") - REMIT IN FULL [_____]

-Certification-

I hereby certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature   Date

Title *(Owner, Partner, Agent, Trustee, or Officer if Corporation, etc.)*   Phone

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