



CITY OF DUBLIN EXEMPTION CERTIFICATE

UNIFORM TRANSIENT OCCUPANCY TAX

Expected Date(s) of Stay: _____

I hereby certify under penalty of perjury that I am an officer or employee of the:

- ☐ Federal Government Department Name: _____
- ☐ State of California Department Name: _____
- ☐ Government of _____
(Name of Foreign Government and Department)

Address of Government Agency*

Phone Number: _____

In addition, I am engaged in official business for said Government during my entire stay in this facility.

Signature

Printed Name

Title

Date

Name and Address of Hotel filing Exemption

Phone Number: _____

NOTE: Operator must have certificate available for City inspection.

*Or attach a Business Card