



# 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)

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Address of Government Agency\*

Phone Number: \_\_\_\_\_

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

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Signature

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Printed Name

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Title

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Date

### Name and Address of Hotel filing Exemption

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Phone Number: \_\_\_\_\_

NOTE: Operator must have certificate available for City inspection.

\*Or attach a Business Card