City of Thousand Oaks
Transient Occupancy Tax
30-Day Exemption Form

To qualify for exemption, this form must be completed in full and an original copy submitted to the City of Thousand Oaks, Finance Department, by the hotel/motel operator. Please complete in ink. If you have any questions, please call (805) 449-2201.

Guest's (Claimant's) Full Name

Check In Date	Month	Day	Year	Date first Exempt	Month	Day	Year

Dates of Exemption included on this form   From: _____   To: _____
Calculated # of Days _____

Room Number(s):

Room Rate	# Days	$ Total
$		$
$		$
$		$
$		$
$		$
$		$
$		$
Grand $ Total Rents		$

Total Rents $ _____ X 10% Rate = Total Tax $ _____

Pursuant to Section 3-14.04 of the City of Thousand Oaks Municipal Code, the undersigned hereby requests to be exempted from paying Transient Occupancy Tax in the amount of $ _____ since the occupancy period was more than thirty consecutive days.

Claimant's Affidavit

I hereby certify that I have been credited/refunded Transient Occupancy Tax in the amount of $ _____ previously paid by me but not due. I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Signature of Claimant (Guest's Full Name)	Phone Number: ( )	Date:

For Hotel/Motel Operator: To validate the exemption claim, this form must be completed, signed, and attached to your tax return when you file. Statements such as "signature on file" and/or unsigned are grounds for disallowance of your claim. Please retain a photocopy for your records.

Name of Hotel/Motel:	Name of Employee taking Exemption:

For City of Thousand Oaks Use: Approved _____   Denied _____   Reviewed by: _____

2100 Thousand Oaks Boulevard Thousand Oaks CA 91362 Phone (805) 449-2201 Fax (805) 449-2289