

**COUNTY OF MONROE  
HOTEL ROOM RENTAL EXCISE TAX  
EXEMPTION CERTIFICATE**

Name of Establishment: \_\_\_\_\_

For Report Period End: \_\_\_\_\_

I, as the patron am exempt from paying the Hotel Excise Tax to the Operator of this Establishment for the following reasons:

I am a Permanent Resident who has occupied a room or rooms in this Establishment for a period exceeding thirty (30) consecutive days.

Other reason for exemption (explain in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Patron \_\_\_\_\_

Address \_\_\_\_\_

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

Signature of Patron \_\_\_\_\_ Date \_\_\_\_\_

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I, the Hotel Operator am authorized to execute this Certificate and claim this exemption. I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.

Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

The Establishment shall maintain record to support and identify all exempt occupancies.

This form can be duplicated

**VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**