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

Name of Establishment:		
For Report Period End:		
•		
I, as the patron am exempt from following reasons:	n paying the Hotel Excise Tax to	o the Operator of this Establishment for the
I am a Permanent Residence exceeding thirty (30) c	-	or rooms in this Establishment for a period
Other reason for exemp	ption (explain in detail):	
Name of Patron		
Address		
City	State	Zip
Signature of Patron		Date
	the occupant/renter claiming to	and claim this exemption. I have examined be exempt from this tax and have found
Operator Signature		Date
The Establishment shall m	naintain record to support and ic	dentify all exempt occupancies.

This form can be duplicated

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED