

**CITY OF ONTARIO
TRANSIENT OCCUPANCY TAX EXEMPTION FORM**

**This form must be submitted with the reporting form to qualify for exemption.
Please fill out one form for each guest for which there is a claimed exemption.**

Business License # _____

Hotel Name _____

Guest Information

Name _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone number _____

Dates of occupancy _____

Rent Amount \$ _____

Guest Signature _____
(Signature) (Date)

Reasons for exemption

_____ Non-transients. Guest stayed in this facility for 31 or more consecutive days (**Not transferable to another guest**).

_____ Foreign nationals exempt by treaty.

_____ Adjustment of prior reports for transients who completed 31 consecutive days.

_____ Other adjustments. Please explain. _____

Certification

I declare, under penalty of perjury, that the statements and information contained on this form are true and correct to the best of my knowledge and belief.

Operator _____
(Print Name) (Signature) (Date)

Return original transient occupancy tax reporting form including transient occupancy tax exemption form, if applicable, with check or money order payable to the City of Ontario, and mail to:

City of Ontario, Revenue Department
303 East B Street, Ontario, CA 91764
Tel: (909) 395-2022 Fax: (909) 395-2051