

EXEMPTION CERTIFICATE
ELK COUNTY
HOTEL ROOM RENTAL TAX

| | | | |
|---|-------|-------|----------|
| Name of Establishment: | | | |
| Address: | | | |
| Street | City | State | Zip Code |
| Please check appropriate exemption box: | | | |
| <input type="checkbox"/> Permanent Resident: Person has a rental period of (60) consecutive days of uninterrupted occupancy | | | |
| <input type="checkbox"/> Other reason for exemption: | | | |
| I am authorized to execute this Certificate and claim this exemption. I have examined the document tendered by the occupant/renter claiming to be exempt from this tax and have found the documentation supportive of exemption claimed | | | |
| Name of Occupant/Renter: | | | |
| Address: | | | |
| Street | City | State | Zip Code |
| Signature: | Title | Date | |

The establishment shall maintain records to support and identify all exempt occupancies.

IF APPLICABLE, THIS FORM MUST BE COMPLETED AND SENT TO THE COUNTY TREASURER WITH THE QUARTERLY REPORT.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED