

**HOTEL / MOTEL TRANSIENT OCCUPANCY TAX WAIVER
(EXEMPTION CERTIFICATE FOR STATE AGENCIES)**

HOTEL MOTEL OPERATORS: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS
(PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY)

[REDACTED] [REDACTED]

HOTEL / MOTEL NAME

DATE

[REDACTED]

HOTEL / MOTEL ADDRESS (NUMBER, STREET, STATE, ZIP CODE)

This is to certify that I, the undersigned traveler, am a representative or employee of the State Agency indicated below; that the charge for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

[REDACTED]

OCCUPANCY DATES

[REDACTED]

AMOUNT PAID

California State University, Fullerton

STATE AGENCY NAME

**800 North State College Blvd.
Fullerton, California 92834**

HEADQUARTERS ADDRESS

[REDACTED]

TRAVELER'S NAME (PRINT OR TYPE)

I hereby declare under the penalty of perjury that the foregoing statements are true and correct

Fullerton, California

EXECUTED AT: (CITY, STATE)

[REDACTED]

TRAVELER'S SIGNATURE

[REDACTED]

DATE SIGNED
