



# CITY OF INGLEWOOD

## FINANCE DEPARTMENT

### TRANSIENT OCCUPANCY TAX (TOT) EXEMPTION CERTIFICATE



Name of Hotel/Motel: \_\_\_\_\_

Address: \_\_\_\_\_

Street No. \_\_\_\_\_

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

Name of Occupant: \_\_\_\_\_

Former Address: \_\_\_\_\_

Street No. \_\_\_\_\_

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

#### Occupancy Dates Covered by this Report

Room Charge \_\_\_\_\_ Monthly Total \_\_\_\_\_

Current Month Start	Room No.	Current Month End
/ /	_____	/ /

#### Permanent Occupant Information

Date you first occupied room	Room No.	Start Date of TOT Exemption
/ /	_____	/ /

This is to certify that I, the undersigned, have resided at the above establishment for a period of thirty (30) consecutive days, and have paid transient occupancy tax for these thirty (30) days prior to requesting this exemption.

\_\_\_\_\_  
Name of Occupant **(print required)**

\_\_\_\_\_  
Name of Manager **(print required)**

\_\_\_\_\_  
Occupant Signature **(required)**

\_\_\_\_\_  
Manager Signature **(required)**

\_\_\_\_\_  
Date form signed

\_\_\_\_\_  
Date form signed

**IMPORTANT:** New forms must be completed by Occupants and Managers monthly with signatures required each and every month. (Article. 8-Secs. 9-57, 9-59). Failure to do so may result in your TOT Exemption Form being rejected and returned.