

GOVERNMENTAL EXEMPTION CLAIM FORM

TO: _____
(Name & Address of Lodging Property)

THIS IS TO CERTIFY that I, the undersigned, am a representative or employee of the Federal or State of Nevada Governmental Agency indicated below; that the charges for the occupancy at the above lodging property on the dates set forth below have been, or will be, paid directly by the Governmental Agency; and that such charges are incurred in the performance of my official duties as a representative or employee of the Governmental Agency. (Charges that are paid by the individual employee and reimbursed by the Governmental Agency are not eligible for a governmental exemption.)

Name of Agency: _____

Agency Address: _____

Number of Rooms: _____

Arrival Date: _____ Departure Date: _____ Total Paid: _____

I HEREBY CERTIFY (or declare) under penalty of perjury, that the foregoing statements are true and correct.

(Printed Name of Governmental Agency Representative/Employee)

(Signature of Governmental Agency Representative/Employee)

(Date)

LODGING PROPERTY OPERATORS

Do not accept this certificate *unless* the person presenting is exempt from transient lodging tax under Section 5.2 and has provided adequate documentation under Section 5.5.1 of the Carson City Culture & Tourism Authority Room Tax Policies and Procedures. A lodging property employee must validate the claimed governmental exemption by legibly cosigning the form and listing their job title. This form must be kept not less than four (4) years from the close of the accounting year to which the returns relate.

(Printed Name & Title of Validating Lodging Property Employee)

(Signature of Validating Lodging Property Employee)