



TRANSIENT LODGING TAX GOVERNMENT EXEMPTION FORM

CLACKAMAS COUNTY FINANCE DEPARTMENT
2051 KAEN ROAD
OREGON CITY, OREGON 97045
Phone (503) 742-5400
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HOTEL SECTION

Form with fields: Name of lodging establishment, Registration Certificate Number, Address of lodging establishment, Check In, Check Out, Room rate, Total paid.

Official Business for (input Government agency name):

A valid copy of one of the following must be attached with this form and mailed with monthly Transient Lodging Tax form (check one):

- Government ID
Letter from Federal employer, on official agency letterhead
Business card with Federal logo
US State Department Identification Card

GUEST SECTION

GUEST CERTIFICATION: I declare that I am an occupant of this lodging establishment on official business sanctioned by the exempt organization named above and that all information on this document is true and correct.

I understand I must provide the lodging establishment operator with supporting documentation as indicated above, or the operator must deny my claim.

Form with fields: Employee name and title, Sign Here, Date.