

**CITY OF ONTARIO  
TRANSIENT OCCUPANCY TAX EXEMPTION FORM**

**This form must be submitted with the reporting form to qualify for exemption.  
Please fill out one form for each guest for which there is a claimed exemption.**

Business License # \_\_\_\_\_

Hotel Name \_\_\_\_\_

**Guest Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone number \_\_\_\_\_

Dates of occupancy \_\_\_\_\_

Rent Amount \$ \_\_\_\_\_

Guest Signature \_\_\_\_\_  
(Signature) (Date)

**Reasons for exemption**

\_\_\_\_\_ Non-transients. Guest stayed in this facility for 31 or more consecutive days (**Not transferable to another guest**).

\_\_\_\_\_ Foreign nationals exempt by treaty.

\_\_\_\_\_ Adjustment of prior reports for transients who completed 31 consecutive days.

\_\_\_\_\_ Other adjustments. Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Certification**

I declare, under penalty of perjury, that the statements and information contained on this form are true and correct to the best of my knowledge and belief.

Operator \_\_\_\_\_  
(Print Name) (Signature) (Date)

Return original transient occupancy tax reporting form including transient occupancy tax exemption form, if applicable, with check or money order payable to the City of Ontario, and mail to:

City of Ontario, Revenue Department  
303 East B Street, Ontario, CA 91764  
Tel: (909) 395-2022 Fax: (909) 395-2051