The City of

OKLAHOMA CITY

Finance Department

City Treasurer's Office

Hotel Room Tax Exemption Form

Hotel Name _____ Certificate # _____

OCCUPANCY DATE(S) Begin	End	NIGHTS ROOM OCCUPIED	NO. OF ROOMS	ROOM RATE	TOTAL AMOUNT EXEMPTED	NAME OF OCCUPANT	NAME OF ORGANIZATION/AGENCY	REASON FOR EXEMPTION *

NOTE: Exemptions are only valid when paid directly by the exempt organization.
Exemptions will not be allowed unless complete information is provided above.
Exemptions should be claimed in the month of accrual. Prior period exemptions will be disallowed.

TOTAL AMOUNT EXEMPT (this page) $_____

IMPORTANT: Please retain a copy for your records.
* Select one of the exempt categories as listed on the individual exemption forms.

The undersigned, being the manager/owner, hereby certifies that the accommodations herein were paid directly by organization/agency for the occupant as a user exempted under specific State or Local Law. I certify that the above is a true record of the amount of Tax Exempt accommodations.

_____ _____

Signature **Date**