CITY OF CINCINNATI

CITY TREASURER'S OFFICE

TRANSIENT OCCUPANCY TAX

EXEMPTION CERTFICATE FOR GOVERNMENTAL AGENCIES

_____

Hotel Name Address

This is to certify that I, the undersigned, am a representative authorized to make disbursement of funds for the governmental or exempted agency indicated below, and that the charges for the occupancy at above establishment on the date set forth below were incurred in the performance of official duties as required by this tax- exempt agency.

Transient Guest	Dates of Occupancy	Payment Amount

Total Payment _____

_____

Agency Name and Mailing Address

_____

Name and Title of Representative Signature

Note: Hotel/Motel operator must submit this certificate with the monthly tax return. All exemptions are accepted subject to subsequent audit.