



Clatsop County

Assessment and Taxation

820 Exchange St., Suite 210
Astoria, OR 97103
(503) 325-8522 phone / (503) 338-3638 fax
www.co.clatsop.or.us

Transient Room Tax Federal Employee Exemption Certificate

Guest Name: _____

Federal Agency: _____

Name of Hotel: _____

Number of Nights Stay: _____

Total Paid for Stay: _____

This is to certify that I, the undersigned, am an employee of the United States Government Agency indicated above; that the charges for the occupancy at the above establishment on the dates indicated above have been, or will be, paid for by such Government Agency; and that such charges are incurred in the performance of my official duties as an employee of such Governmental Agency. I also understand that I must provide the hotel Operator with supporting documentation, as indicated below, or the Operator may deny my request for Exemption.

(Signature of Guest Claiming Exemption)

(Date)

****Important Notice to Front Desk:**

This Certificate must be complete and is NOT VALID WITHOUT A FRONT DESK CLERK ATTESTING TO one of the following (check one):

- ☐ Payment made with Federal Government Instrumentality Issued Credit Card (Government ID checked: YES _____ Initials)
- ☐ Business Card with Federal Logo
(Government ID checked: YES _____ Initials)
- ☐ Other- email from employer or photocopy of Government ID
(Government ID and Email from Employer checked: YES _____ Initials)
Please attach copy of email and ID

Retain this record for a period of not less than 3 years and 6 months for audit purposes. A separate exemption certificate is required for each occupancy for each lodger claiming an exemption.