

Government Employee Exemption Claim Form

(Guest Complete) ALL AREAS OF THE FORMS MUST BE COMPLETED

Employee Name:		
Address:		
City:	State:	Zip Code:
Work Phone: ()	Home Phone: ()	
Level of Government Agency: <div style="display: flex; justify-content: space-around; text-align: center;"> State Federal Foreign Government </div>		
Government Agency Name:		
I declare under penalties of perjury that the information provided on this form is true and correct to the best of my knowledge.		
Signed:	Date:	
(Lodging Personnel Only)		
Check-in date	Checkout date	
<p>Type of documentation obtained to prove guest is on government business</p> <ul style="list-style-type: none"> — A government warrant issued to pay for the occupancy — A government credit card to pay for the occupancy <p>Code Reads: Occupancy charges incurred by government employees, which are billed directly to, and paid directly by, a unit of the state or federal government. The employee must provide a valid photo identification proving his/her government employment. (A copy of photo ID must be attached to this form).</p>		
Lodging Personnel Signature:		Date: