



City of Shawnee Hotel/Motel Occupancy Surcharge Application for Exemption

To the City of Shawnee:

By completing and signing this form, I am attesting to the fact that I am exempt from the payment of the City of Shawnee's hotel/motel surcharge for the following reason:

Please Check Appropriate Space

_____ I am an employee of the United States government or one of its agencies and staying at this facility on business relating to my employment.

_____ I am an employee of the State of Oklahoma or one of its agencies and staying at this facility on business relating to my employment.

_____ I am an employee of a public school system or a state accredited private school staying at this facility on business relating to my employment.

_____ I am an employee of a recognized religious organization staying at this facility on business relating to my employment.

_____ I am an employee of a qualifying tax exempt organization, not categorized above, staying at this facility on business relation to my employment.

_____ I will reside at this facility in excess of thirty (30) consecutive days.

I acknowledge that the above information is correct.

Signature _____ Date _____

Name (Please print) _____

Organization _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Work Phone _____

Federal Tax I.D. / SSN No. _____

Hotel / Motel Authorizing Signature _____ Date _____