City of Shawnee

Office of City Treasurer

Hotel/Motel Occupancy Surcharge Exemption Report

Must accompany surcharge collection report if any exempt rooms are specified

The undersigned, being the purchaser, hereby certifies that the accommodations herein were purchased and occupied by a user exempted under specific State and Local Law.

Occupancy Date Beg.	End	No. of Rooms	Name of Organization	Federal Tax I.D. No. or SSN

Total exempt rooms (this page)_____

I certify that the above is a true record of the number of Exempt Accommodations.

IMPORTANT: Please retain a copy for your records

Signature of Manager Date

v2.0 - 08/2004 - n:\accounting\collections\Exemption register - hotel tax.xls