

COUNTY OF SULLIVAN
COUNTY TREASURER
SULLIVAN COUNTY HOTEL AND MOTEL ROOM OCCUPANCY TAX
EXEMPTION CERTIFICATE
INDIVIDUAL

Date: _____ 20__

Sales Tax Exemption # _____

Name of Organization: _____

Address of Organization: _____

Name of Occupant: _____

Home Address of Occupant: _____

Sullivan County Hotel Motel Room Tax Reg. Number _____

Name of Operator Providing Lodging: _____

Address: _____ NY _____

DETAILED PURPOSE FOR TAX EXEMPT STAY: _____

I hereby certify that I, _____, am an agent, representative or employee of the Named Exempt Organization and that my occupancy is or will be paid by the exempt organization or association and such occupancy is necessary or required in the course of or in connection with my duties as a representative of such corporation or association.

I certify the above statement as true under the penalties of perjury.

Dated: _____ 20__

NOTE: THIS CERTIFICATE IS NOT VALID FOR TAX EXEMPTION PURPOSES UNLESS SIGNED BY THE EXEMPT CORPORATION OR ASSOCIATION AS HEREIN PROVIDED. RETAIN THIS FORM FOR THE PERIOD REQUIRED BY LAW.