



CITY OF DESERT HOT SPRINGS
Bed Tax Exemption Form
Must Be Signed By Occupant Of Room

(Name) (Social Security Number)

(Address) (City/State/County) (Zip Code)

(Area Code) (Phone Number) (Driver's License Number)

occupied a room at _____, beginning
the date of _____ and ending the date of _____
at the rate of \$ _____ (day/week/month). I paid \$ _____
to _____.

This sum is exempt from the provisions of the Transient Occupancy Tax of the City of Desert Hot Springs City Code Section §35.035. Acceptable exemptions will be for guests staying for **(28) twenty eight** consecutive calendar days or more. I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF OCCUPANT

DATE SIGNED