



RESIDENT HOTEL/STR TAX EXEMPTION FORM FOR A  
MONTH OR LONGER HOTEL/STR STAY

IF YOU ARE STAYING MORE THAN A MONTH YOU ARE ELIGIBLE TO BE TAX EXEMPT, PLEASE  
FILL IN THIS FORM OTHERWISE TAXES WILL BE APPLIED TO YOUR STAY.

GUEST NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY ADDRESS: \_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

FOLIO NUMBER: \_\_\_\_\_

HOTEL NAME OR STR ADDRESS: \_\_\_\_\_