

**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