



**CITY OF CARSON  
REVENUE DIVISION**

701 East Carson Street • P. O. Box 6234 • Carson, CA 90749  
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**TRANSIENT OCCUPANCY TAX  
EXEMPTION CLAIM FORM FOR  
PERMANENT RESIDENTS  
(OVER 30 CONSECUTIVE DAYS)**

(section 6403 (a), (b) and (c))

<b>TO:</b> (Name of Hotel/Motel)									
<b>ADDRESS:</b>									
This is to certify that I, the undersigned, have resided at the above establishment for a period over thirty (30) consecutive days, and have paid transient occupancy tax for these thirty (30) days.									
<b>DATE OF OCCUPANCY:</b>						<b>EXEMPTION AMOUNT:</b>		\$	
<b>NAME:</b>					<b>SOCIAL SECURITY NO.:</b>				
<b>PREVIOUS ADDRESS:</b>									
<b>PHONE:</b>					<b>DRIVER'S LIC. NO.:</b>				
<b>VEHICLE MAKE:</b>					<b>LICENSE PLATE NO.:</b>				
NOTE: OPERATOR OF HOTEL SHALL RETAIN ALL RECORDS FOR A PERIOD OF THREE (3) YEARS.									
<b>HOTEL REPRESENTATIVE:</b>									
<b>TITLE:</b>									
<b>IDENTIFICATION NO.:</b>									
Method of payment (cash, personal check or credit card, organization check or credit card, direct billing, other...)									
<b>Room Rate</b>		<b>Local Tax</b>		<b>Room #</b>		<b>Amt. Paid by Guest</b>			