

CITY OF SANTA BARBARA

TRANSIENT OCCUPANCY TAX Claim for Refund

FINANCE DEPT - USE ONLY 001-0000-41400 143-6511-41400 Claim #	
Vendor #	
Approved: Initials - Finance Dir	

A claim for refund must be made within 90 days after payment of transient occupancy tax. Supporting documentation shall include (1) hotel or motel receipt(s), (2) an exemption travel authorization, (3) copy of written contract if stay was 31 days or longer, and (4) this form. Please complete the following:

Federal Government Ag	ency:	
Claimant's Name:		
Claimant's Mailing Addre	ess (include street, city, and zip co	ode):
Name of Hotel or Motel:		
Hotel or Motel Address ((include street, city, and zip code):	
Occupancy dates:	from	to
	AMOUNT OF TAX R	REFUND REQUESTED \$
Questions may be directed	I to the Finance Department	t by calling (805) 564-5341.
		the above claim for refund and the items therein set out are een paid, and that the amount therein is justly due claimant.
Signature		Date

Return this form with a copy of your hotel or motel receipt(s) and a copy of your exemption authorization to:

City of Santa Barbara Finance Department Transient Occupancy Tax P.O. Box 1990 Santa Barbara, CA 93102-1990