



**TRANSIENT OCCUPANCY TAX
CLAIM FOR REFUND**

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

Name of Hotel: _____

Address: _____ Barstow, CA

Type of Exemption: *Permanent Resident for at least 30 consecutive days.*

Date of Occupancy: _____

Check In: _____ Check Out: _____ Amount Paid for the Room: _____

Resident/Guest Name: _____

Resident's Mailing Address (include street, city, and zip code):

Resident/Guest Telephone # _____

Resident/Guest Suite Number: _____

GROUNDS FOR REFUND: _____

AMOUNT OF TAX REFUND REQUESTED \$ _____

Questions may be directed to the Municipal Records Department by calling (760) 255-5123.

The undersigned, under penalty or perjury, states that the above claim for refund and the items therein set out are true and correct, that no part thereof has heretofore been paid, and that the amount therein is justly due claimant.

Signature

Print Name

Date

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

City of Barstow
Finance Department
Transient Occupancy Tax
220 E. Mountain View Avenue
Barstow, CA 92311