City of Buellton
Transient Occupancy Complimentary Room Form
(Attach this form & all supporting documents to the Transient Occupancy Tax Return)

Reporting Period: _____
Month Year

Folio #	Room #	Occupant/Organization Name	Reason for Comp Room	Number of Days	Original Check In Date	Dates Start	End

*Copies of hotel records (folios) of complimentary rooms must be provided with monthly returns and listed on the remittance form under the category in which it falls. Documentation of the reason for the complimentary room shall be included with the remittance or noted on the hotel records provided.

I DECLARE UNDER PENALTY OF PURJURY THE FOREGOING INFORMATION MADE HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature: **Date:**

City of Buellton Staff
Reviewed by: _____

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