

**STATE OF DELAWARE  
DIVISION OF REVENUE**

**EXEMPTION CERTIFICATE  
TAX ON OCCUPANCY OF HOTEL AND MOTEL AND TOURIST HOME ROOMS  
CHAPTER 61, TITLE 30, DELAWARE CODE**

**This Part to be Completed by the Operator**

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Name of Hotel, Motel, or Tourist Home Fed. EI or SS Number

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Address City State Zip Code

**This Part to be Completed by the Occupant**

This is to certify that I, the undersigned, am a representative of the United States or State of Delaware Governmental Department or agency or public school district indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been or will be paid for by such Government or public school unit; and that such charges are incurred in the performance of my official duties as a representative or employee of such Governmental or public school unit.

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Name (Please type or print) Signature

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Governmental Unit Title

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Address City State Zip Code

Date(s) of Occupancy \_\_\_\_\_

**NOTE:** A separate Exemption Certificate is required for each occupancy and for each representative or employee.

**THIS EXEMPTION CERTIFICATE IS TO BE RETAINED BY THE OPERATORS OF HOTELS, MOTELS AND TOURIST HOMES AS EVIDENCE OF EXEMPT OCCUPANCY.**