



## TRANSIENT RENTAL RESTRICTION EXEMPTION CLAIM FORM

This is to certify that I, the occupant, am exempt from the Transient Rental Restriction Order imposed by the Mono County Health Officer, for the reason(s) set forth below.

### Transient Occupant: Please complete this section & see reverse side for required documentation

- Guest stays for thirty-one consecutive days or more
- Lodging to protect the homeless population
- Lodging for persons who have been displaced and cannot return to their residence because there is a person residing at the residence that must isolate or quarantine or is at a higher risk of severe illness
- Lodging for persons who are required to isolate or quarantine
- Short term lodging facilities which are used to house essential worker performing functions that are essential to maintain the continuity of operations for critical infrastructure, as listed in the Essential Workers List <https://covid19.ca.gov/essential-workforce/>
- Other: \_\_\_\_\_

Signature of Occupant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Occupant \_\_\_\_\_ Phone No. \_\_\_\_\_

### Business Operator/Employee: Please complete section & see reverse side for required documentation

Name of Business: \_\_\_\_\_ BTC#: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Occupancy – From \_\_\_\_\_ To \_\_\_\_\_

Room Rate \$ \_\_\_\_\_ Room No. \_\_\_\_\_

I hereby certify (or declare) under penalty of perjury, that the foregoing statements are true and correct.

Signature of Transient Rental Property Operator/Employee \_\_\_\_\_

Printed Name of Operator/Employee \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number \_\_\_\_\_

Approved by (TOML staff): \_\_\_\_\_

- During the Transient Rental Restriction, it is strongly recommended that you secure advanced written approval by the Town Finance Department. Submission of this exemption form and documentation does not guarantee approval.
- The exemption claim from the Transient Rental Restriction shall not be approved unless this form is completed and the person requesting the exemption presents required documentation.
- A copy of the documentation from the person requesting the exemption shall be attached to each exemption claim form.
- Please retain a copy of the Transient Rental Restriction Exemption Claim form and all supporting documentation with your records. This form may be subject to review in the event of a Town audit for a period of three years as prescribed by the Transient Occupancy Tax Ordinance.

- Submit exemption form along with qualifying documents with monthly TOT/TBID return form or email to: [documents@townofmammothlakes.ca.gov](mailto:documents@townofmammothlakes.ca.gov)

<b>The following documentation is required for approval:</b>	
<b>Guest stays for thirty-one days or more</b>	<b>Copy of the lease or proof showing occupancy for thirty-one days or more, including dates of stay, lease rate and signatures of operator as well as occupant. Town of Mammoth Lakes staff may follow up with additional questions on the lease</b>
<b>Lodging for the homeless population</b>	<b>This is intended for residents of Mono County who find themselves homeless. Operator should obtain the address previously used by the occupant. Occupants traveling from other regions are in violation of the Stay Home Order and those requests will be denied. Operator must include the advanced written approval of rental along with this exemption form for consideration.</b>
<b>Lodging for persons who have been displaced and cannot return to their residence because there is a person residing at the residence that must isolate or quarantine or is at a higher risk of severe illness</b>	<b>Like lodging for the homeless, this is intended for residents of Mono County who find themselves unable to occupy their residence. Operator should obtain the address previously used by the occupant and the reason they may no longer occupy their residence. Occupants traveling from other regions are in violation of the Stay at Home Order and those requests will be denied. Operator must include the advanced written approval of rental along with this exemption form for consideration.</b>
<b>Lodging for persons who need to isolate or quarantine</b>	<b>Occupant must provide to the operator, prior to the transient rental transaction, written determination from their medical provider or Mono County Public Health, indicating they are required to isolate or quarantine. Occupants traveling from other regions are in violation of the Stay Home Order and those requests will be denied. Operator must include the advanced written approval of rental along with this exemption form for consideration.</b>
<b>Short term lodging facilities which are used to house essential worker performing functions that are essential to maintain the continuity of operations for critical infrastructure, as listed in the Essential Workers List</b>	<b>Occupant must provide to the operator, prior to the transient rental transaction, proof of their profession and their official business within Mono County during the restrictions. The purpose for the visit must be a verifiable business purpose and will be investigated by Town Staff and may be denied. Operator must include the advanced written approval of rental along with this exemption form for consideration.</b>

Please contact the Town of Mammoth Lakes Finance Department at Phone **(760) 965-3660** for additional information or for assistance in completing the TRANSIENT RENTAL RESTRICTION EXEMPTION CLAIM FORM.