

**COUNTY OF CRAWFORD  
HOTEL EXCISE TAX  
EXEMPTION CERTIFICATE**

Name of Establishment				
Street	City	State	Zip Code	
<input type="checkbox"/> 1. Permanent Resident: Person has a rental period of thirty (30) consecutive, complete days of uninterrupted occupancy.				
<input type="checkbox"/> 2. Other _____ <small>(Explain in detail)</small>				
I am authorized to execute this Certificate and claim this exception. I have examined the documentation tendered by the occupant/renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.				
Name of Occupant/Renter	Street	City	State	Zip Code
Signature		Signer's Title		Date

*The Establishment shall maintain records to support and identify all exempt occupancies.*

*This form can be duplicated*

**VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**

**CHRISTINE KRZYSIAK  
CRAWFORD COUNTY TREASURER  
903 DIAMOND PARK  
MEADVILLE, PA 16335  
PHONE (814) 333-7332 FAX (814) 337-0457**

WHITE - County Copy

YELLOW - Hotel's Copy