HAMILTON COUNTY TRUSTEE
REQUEST FOR REFUNDS FOR NON-TRANSIENT TENANTS

HOTEL/MOTEL NAME: _____ **DATE:** _____

ADDRESS: _____ **HOTEL NO:** _____

Name of Non-Transient Tenant	Beginning and Ending Date for Qualifying Non-Transient Period	Rent Charged and Assessed Occupancy Tax		Occupancy Tax Charged for Qualified Non-Transient	
		County (90 days)	City (30 days)	County	City
TOTAL REQUEST FOR REFUND					

I hearby certify that the above is a true and correct statement.

_____
(Taxpayer's Signature)

(Internal Use Only)

The above claim for refund is approved in the amount of $_____.

_____
(Approved by)

_____ _____
Date **Check No.**

Taxpayer Instructions - *Complete this form to request a refund for any occupancy taxes charged, collected and remitted to the Hamilton County Trustee from Non-Transient tenants (defined as persons who exercise Occupancy or are entitled to Occupancy for any room, lodging or accommodations in a HOTEL for a period of more than **90** days for COUNTY purposes and more than **30** days for CITY purposes).*

List any tenants above from whom you have collected occupancy taxes who have reached Non-Transient status. List the applicable dates in which they have been charged occupancy taxes, the rent during the period they have been charged occupancy taxes, and the amount of occupancy taxes that you are requesting for refund.

Note that the HOTEL is required to remit any applicable refunds from this request to the associated Tenant or apply the refund to the Tenant's account.

Mail completed form to: Trustee; 625 Georgia Avenue, Room 210; Chattanooga, TN 37402

rev 01/2010