

10 Day Affidavit for Exemption of Transient Lodging Tax

Property Name:			
Tenant Name(s)			
Proof of Nevada Residency: (Copy below)	Nevada II	O or Drivers License #	
Room #	Date to start occupying unit:		
	ove property for ten (10)	for a period of ten (10) or more consor more consecutive days with no	
DATED this	day of	, 20	
By: (Guest)	Printed	Signed	
D (D)		digited	
By: (Property)	Printed	Signed	_
complete a ten (10) consecutive	day stay transient lodging	dging tax audit purposes. Should g tax will be imposed per RSCVA re lity, a new affidavit is required, acc	egulations. If a
Copy of ID:			