



**SENIOR CITIZENS APPLICATION FOR THE 2% EXEMPTION OF
 MUNICIPAL UTILITY USERS' TAX**

Name As It Appears On Account: _____

Service Address: _____ Apt # _____ Zip: _____

Mailing Address: _____
 (If different from Service Address above)

Personal Information - Birth date: ____/____/____ Social Security# (LAST 4 ONLY): _____

Day Phone: (____) _____ Evening Phone: (____) _____

Type of Utility	Name of Utility Supplier (Service Supplier)	Name on Account (If different from above)	Account Number
Gas (e.g. PG&E)			
Electric	<i>Alameda Municipal Power</i>		
Video/Cable (e.g. Comcast, etc.)			
Telecom (e.g. AT&T, Verizon)			

I declare under penalty of perjury that I qualify as a senior citizen (65 years or older) and that the above information is true and correct.

Signature: _____ Date: _____

Check box and complete this Section ONLY if you DO NOT wish to be exempt from the increase AND You wish to make a gift to Mastick Senior Center in an amount equal to the 2% tax exemption.

I am eligible for the exemption from the 2% utility users' tax. I would like to make a gift to Mastick Senior Center in an amount equal to 2%. This is a restricted gift to be used only for funding Mastick Senior Center programs.

Signature: _____ Date: _____

Please RETURN this form in person and PRESENT identification to verify your senior status, or INCLUDE A COPY* of your identification when sending via mail, fax, or e-mail.

*Upon verification any copies received of your identification will be securely destroyed.

Note: The City may conduct an annual review to verify continued eligibility for this exemption.

(FOR OFFICE USE ONLY)

Eligible: Yes: _____ No: _____

Reviewed by: _____

Customer ID: _____

Date Received (stamp):