

## **CITY of ALAMEDA • FINANCE DEPARTMENT**

2263 Santa Clara Avenue • Room 220 • Alameda, CA 94501 (510) 747-4881 • (510) 865-4045 fax • finance@alamedaca.gov

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

Name As It App	pears On Account:		
Service Addres	ss:	Apt #	Zip:
Mailing Addres	s:		
	(If different	ent from Service Address above)	
Personal Inform	mation - 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
<b>Gas</b> (e.g. PG&E)			
Electric	Alameda Municipal Power		
Video/Cable (e.g. Comcast, etc.)			
<b>Telecom</b> (e.g. AT&T,Verizon)			
I declare under p true and correct		a senior citizen (65 years or old	der) and that the above information is
Signature: Date:			
	box and complete this Section ON wish to make a gift to Mastick Se		
	e for the exemption from the 2% utilit %. This is a restricted gift to be used		gift to Mastick Senior Center in an amount enter programs.
Signature:		Date:	
INC *	JRN this form in person and LUDE A COPY* of your ider Upon verification any copies recommay conduct an annual review	ntification when sending vi eived of your identification will b	e securely destroyed.
·		DR OFFICE USE ONLY)	Date Received (stamp):
Eligible: Yes:	No:	·	
Reviewed by:			
	Cust	omer ID:	
In a mad On Man A December 1991	ITO arises assessed forms a contact.		