



CITY of CALABASAS

SENIOR CITIZENS

UTILITY USER'S TAX EXEMPTION

*PLEASE PRINT ALL INFORMATION LEGIBLY
*RETURN COMPLETED APPLICATION ALONG WITH A COPY OF YOUR UTILITY BILL(S) and
PROOF OF RECEIPT OF SSI BENEFITS TO:

CITY OF CALABASAS
FINANCE OFFICE
100 CIVIC CENTER WAY
CALABASAS, CA 91302

DATE OF BIRTH	M	D	Y
SOCIAL SECURITY NUMBER			
		-	

NAME OF APPLICANT	FIRST	INITIAL	LAST
SERVICE ADDRESS	NUMBER	STREET	APARTMENT NUMBER
	CITY		ZIP CODE
MAILING ADDRESS	NUMBER	STREET	APARTMENT NUMBER
	CITY		ZIP CODE
ELECTRIC PROVIDER	ACCOUNT NUMBER		
FIRST	INITIAL	LAST	
ARE UTILITIES INCLUDED IN RENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
GAS PROVIDER	ACCOUNT NUMBER		
FIRST	INITIAL	LAST	
ARE UTILITIES INCLUDED IN RENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
LOCAL TELEPHONE CO. (e.g. AT&T)	PHONE NUMBER	AREA CODE	
FIRST	INITIAL	LAST	
OTHER TELEPHONE COMPANIES (e.g., LONG DISTANCE, WIRELESS)			

CERTIFICATION

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT:

- 1) I AM A USER OF THE UTILITIES AT THIS ADDRESS;
- 2) I AM 62 YEARS OF AGE OR OLDER;
- 3) I RECEIVE SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS.

NOTE: A) PLEASE NOTIFY THE FINANCE OFFICE OF ANY CHANGE IN THE ABOVE INFORMATION.
B) A NEW APPLICATION MUST BE FILED WITH THE FINANCE OFFICE WITHIN 90 DAYS WHEN THERE IS A CHANGE OF NAME/ADDRESS IN ORDER TO MAINTAIN ELIGIBILITY OF STATUS.

APPLICANT SIGNATURE DATE

CITY OF CALABASAS DATE
CHIEF FINANCIAL OFFICER

APPROVE
DISAPPROVE