CITY OF SEASIDE UTILITY USER TAX EXEMPTION CERTIFICATION

Date: _____

	fy under penalty of perjury that I qualify fled by the City of Seaside Municipal Code	for the exemption from the utility users tax as e Section 3.30.210 because:	
1.	I am 65 years of age or		
		ablished by the Social Security Administration's n for the Aged, Blind and Disabled (Title XVI of	
2.	. I am responsible for the payment of the utility services subject to this tax and I pay for the services.		
3.	3. The utility services are established in my name.		
4.	. I will notify the Finance Department if and when my status changes so as to affect my qualifications.		
5.	I understand this exemption terminates if I change my address or residence and that I must file a new exemption for my new address or residence.		
	Signature:		
	Address: _		
	-		
Date of Birth		Verified by:	
		Verified by:	
Disability		_ Verified by:	
	er of people living in residencerks	Verified by:	
PG&E Acct. No:		Billing Name:	
Water Acct. No:			
Phone Acct. No:		Billing Name:	
Cable Acct No:		Billing Name:	

 \ast WHEN YOU RETURN THIS FORM, please bring your bills or copies of each of the utility acct.'s for which you are requesting an exemption, and document to verify age.