

**CITY OF SEASIDE
UTILITY USER TAX EXEMPTION
CERTIFICATION**

Date: _____

I certify under penalty of perjury that I qualify for the exemption from the utility user's tax as provided by the City of Seaside Municipal Code Section 3.30.210 because:

1. I am 65 years of age or

I meet the criteria of disability, as established by the Social Security Administration's Supplemental Security Income Program from the Aged, Blind and Disabled (Title XVI of the Social Security Act as amended).

2. I am responsible for the payment of the utility services subject to this tax and I pay for the services.

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: _____
Qualified as Principal Resident _____	Verified by: _____
Disability _____	Verified by: _____
Number of People Living in Residence _____	Verified by: _____
Remarks _____	

PG&E Acct. No: _____ Billing Name: _____

Water Acct. No: _____ Billing Name: _____

Phone Acct. No: _____ Billing Name: _____

Cable Acct. No: _____ Billing Name: _____

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