

## **City of Kodiak**

710 Mill Bay Road PO Box 1397 Kodiak, AK 99615 907-486-8655 utility@city.kodiak.ak.us

## **Application for Senior Citizen Sales Tax Exemption**

Name of Applicant:  Mailing Address:  Residence Address:			
		Date of Birth: Phone Number	er:
		Residence of Kodiak Island Borough since:  Do you pay Utilities: Yes No	
I do hereby certify that I am sixty-five years of age or older, have resided in the Kodiak Island Borough for a continous period of 365 days and shall only use my Sales Tax Exempt Card to make purchases or pay rent solely for the use of myself, my spouse, and/or dependent(s). I acknowledge that improper use of my Exemption Card will subject me to prosecution and/or revocation action or both.  Printed Name:			
Signature of Applicant			
For Official Use Only			
Proof of Age: (two pieces required or one with picture and DOB):			
Birth Certificate			
Driver's License			
Baptismal Certificate			
Other			
Identify			
Power Of Attorney(s)			
Senior Card Issued and Expiration Date:			