

Exemption Request/ Utility Users Tax



Name _____
Service Address _____
Utility Company _____
Customer Utility Account No. _____
Zip/Postal Code: _____

City of San Jose Finance Department
200 East Santa Clara St
San Jose, California
95113-1905
Phone: 408-535-7006
Fax: 408-299-6488
www.csjfinance.org

STATE AMOUNT AND REASON(S) FOR EXEMPTION REQUEST

(You may use extra sheets if more space is needed. All required documents to be examined as proof of claim such as a copy of bill or statement must be attached to this request.)

I hereby request exemption from payment of utility users tax payments for the reason(s) indicated above. I declare under penalty of perjury that the foregoing information and explanation are true and correct.

Executed the _____ Day of _____ 20____ at _____, California

Name _____ Signature of Claimant

Address _____

Phone Number _____ Title Of Claimant

(Finance Department Use Only Below This Line)

Approved Denied Returned for Lack of Documentation

Reason

Director of Finance

Date

Please mail exemption request to: City of San Jose, Finance Department, 200 E. Santa Clara St., 13th Floor, San Jose, CA 95113.
Or fax copy to (408)299-6488. Call (408)535-7006 for questions.