

UTILITY USERS TAX (UUT) EXEMPTION REQUEST

NAME _____
(Service User Name)

ADDRESS _____
(Where service is provided)

NAME OF UTILITY COMPANY _____
(Service Provider)

CUSTOMER ACCOUNT NUMBER _____
(As it appears on bill/statement)

STATE AMOUNT AND REASON(S) FOR REFUND 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 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 _____
ADDRESS _____ (Signature of Claimant)

PHONE _____
(Title of Claimant)

Please mail exemption request to:
City of San Jose Finance, 200 East Santa Clara Street
San Jose, Ca 95113-1905

(For Finance Department Use Only Below This Line)

Approved Denied Returned for lack of documentation

Reason: _____

Director of Finance _____ Date _____
200 East Santa Clara Street, San Jose, Ca 95113-1905 www.csjfinance.org

