



## Request for Exemption from the Parcel Tax- Fiscal Year 2015-2016

FOR OWNER-OCCUPANTS AGE 65 AS OF JUNE 30, 2016

PALO ALTO UNIFIED SCHOOL DISTRICT

25 Churchill Avenue • Palo Alto, CA 94306

Assessor's Parcel Number (APN) \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

Under penalty of perjury, I declare that this claim (including any accompanying proof of residence and age) is, to the best of my knowledge, correct and complete.

Signature of Applicant or Designee \_\_\_\_\_

Date \_\_\_\_\_

Please attach a copy of proof of residence and birth date.

### Residence Verification

(one from below)

- ☐ Valid Driver's License/CA ID
- ☐ Utility Bill with Mailing Address Intact
- ☐ Social Security Check
- ☐ Tax Bill

### Birth Date Verification

(one from below)

- ☐ Valid Driver's License/CA ID
- ☐ Birth Certificate
- ☐ Passport
- ☐ Medicare Card

Send or deliver this form and proofs of birth date and residence by **May 30, 2015** to:

Parcel Tax Exemption  
Palo Alto Unified School District  
25 Churchill Avenue  
Palo Alto, CA 94306  
650-329-3980