## **Exemption Request/ Utility Users Tax**



Name:		City of San Jose Finance Department
Service Address:		200 East Santa Clara St
Utility Company:		San Jose, California 95113-1905
Customer Utility Account #:		Phone: 408-535-7006 Fax: 408-299-6488
		www.csjfinance.org
Zip/Postal Code:		
State any amount(s) and reason(s) for exemp	tion request:	
Now was well as a section of the sec	ded. Dieses attack a servi of a bill over	
(You may use extra sheets if more space is need and service address. All attached documents with		tatement snowing the tax charges
	,	
I hereby request exemption from payment of ut		
penalty of perjury that the foregoing information	on and explanation are true and correct	•
Executed the Day of	20 at	, California.
Name:		
Address:	 Signature:	
	<del></del>	
Phone:	Title:	
(Finance Department Use Only Below This Line	)	
☐ Approved ☐ Denied	Returned for Lack of Docum	ontation.
	☐ Returned for Lack of Docum	ientation
Reason:		

Please mail exemption request to: City of San Jose, Finance Department, 200 E. Santa Clara St., 13<sup>th</sup> Floor, San Jose, CA 95113. The form can also be faxed to (408)299-6488. Call (408)535-7039 for questions.

Date

Deputy Director of Revenue Management