



**Application for  
Senior  
Sales Tax Exemption**

City and Borough of Sitka, Alaska  
Sales Tax Division  
100 Lincoln Street, Sitka, AK 99835  
Ph. (907)747-1840, Fax (907)747-0536

Senior Sales Tax Exemption Card application fee: \$25.00 (replacement fee: \$5.00 per card)

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spousal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

- Own
- Rent
- Live with family
- Long Term Care

If you own your home? Do you occupy the house shown above as your primary residence for at least 185 days each year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is any portion of your house used for commercial or rental purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what percentage? \_\_\_\_\_%

I hereby certify that the answers given on this application are true and correct to the best of my knowledge. By signing this form, I am certifying that I am sixty-five years of age or older and am a resident of the State of Alaska as defined in Sitka General Code 4.09.100(Y). I understand that willful misstatement is punishable by a fine or imprisonment under AS 11.56.210/SGC 4.09.240.

Age and residency proof attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

**Sales Tax Card Number Issued:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Authorized CBS Employee:** \_\_\_\_\_

Personal      Business

Utility Account Number/s: \_\_\_\_\_

•                      •

Moorage Account Number/s: \_\_\_\_\_

•                      •

Fee: \$ <u>25.00</u>
Cash <u>    </u> Check <u>    </u>
Credit Card <u>    </u>