



ADMINISTRATIVE SERVICES DEPARTMENT
425 North El Dorado Street • PO Box 2107 • Stockton, CA 95201 • (209) 937-8297
www.stocktongov.com

UTILITY USERS' TAX EXEMPTION REQUEST FORM

To be completed by utility user

Name: _____

Address: _____

Phone Number: _____

- Basis for Exemption: [] Federal Agency or Subdivision [] State Agency or Subdivision
[] Public School, State College or University [] Foreign Diplomat
[] Specific municipal code exemption (Specify code section) _____
[] Other (Please state) _____

A. List address of each property for which you are requesting an exemption and a description of its use: _____

NOTE: Exemption requests apply only to the addresses listed above.

B. If you are a public agency or subdivision, please state the name of the state or federal department that you are under: _____

C. If you are a foreign diplomat, please state your diplomatic title and the name of country you represent: _____

D. For specific municipal code exemptions, and all other exemption requests, attach a copy of supporting documentation necessary to demonstrate compliance with all relevant exemption requirements.

IMPORTANT REQUIREMENT: You must attach a copy of a recent utility bill from each utility provider for which you are requesting an exemption. Exemptions are valid only for utility services for which a recent bill is received by the City. If you change utility providers at any time, you must notify the City of the new utility provider to receive an exemption for the new utility service.

MAIL FORM AND ATTACHMENTS TO: City of Stockton UUT
P.O. Box 2107
Stockton, CA 95201-2107

PLEASE NOTE: This exemption application does not apply to the federal excise tax on telecommunications. To obtain such an exemption, you must receive a federal exemption certificate from your telephone provider(s).

I declare, under penalty of perjury, that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct.

Signature _____ Print Name _____ Date _____

Email address _____ Phone Number _____