

Palo Alto Unified School District

Request for Exemption from the Parcel Tax  
for Owner-Occupants Age 65 as of June 30, 2006

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

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ 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)

- Driver's License
- Utility Bill
- Social Security Check
- Tax Bill

**Birth Date Verification**  
(one from below)

- Driver's License
- Birth Certificate
- Passport
- Medicare Card

Send or deliver this form and proofs of birth date and residence by **May 31, 2005** to:

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