

ACTING TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

UTILITY USER TAX SENIOR CITIZEN EXEMPTION APPLICATION FORM

Board of Supervisors HILDA L. SOLIS First District

MARK RIDLEY-THOMAS Second District

SHEILA KUEHL Third District

JANICE HAHN Fourth District

KATHRYN BARGER Fifth District

The Los Angeles County Code, Utility User Tax, Section 4.62.050 states, the tax shall not apply to any person who is head of a household and both 62 years old or older and receives supplemental social security benefits. To qualify for the exemption, the person shall file an application in the form, time and manner prescribed by the Tax Administrator. The Tax Administrator shall, within 60 days of receipt of an application for exemption, determine whether the exemption is granted, and if so, notify the service supplier. The exemption granted to a person pursuant to this section shall become effective on the beginning of the first regular billing period which commences after the Tax Administrator has notified the service supplier that an exemption has been granted.

PLEASE PRI	NT		
Applicant's			Only last 4 digits are needed
Name:			
	Last	First	Social Security Number
Address:			
	Number	Street Name	Apt. No.
_	City	State	Zip
Telephone:	()	E-mail a	ddress:
,	Area Code		
benefits letter of the social s utility supplie services for supplier(s) at	to qualify. To prot security number on r for which you are which a recent bill any time, you mu	ect your privacy, you sho the letter. Please attach requesting an exemption is received by the Tax st complete a new Exer	a valid supplemental social security buld black out all but the last four digits a copy of a recent utility bill from each on. Exemptions are valid only for utility a Administrator. If you change utility mption Application Form to receive an
exemption for	the new utility serv	rice.	
	below, fill in the info e claiming an exemp		cent copy from each utility supplier for
Electric Serv	vice Supplier:		
Name	::		
Accou	ınt number:		

Gas Service Supplier:		
Name:		
Account number:		
Communications Service Supplier	:	
Name:		
Account number:		
I HEREBY CERTIFY UNDER PENA FORM IS TRUE AND CORRECT.	ALTY OF PERJU	RY THAT THE INFORMATION IN THIS
Signature:		Date:
This form is to be signed, dated and	returned with supp	porting documents to:
LOS ANGELES COUNTY TREASUR KENNETH HAHN HALL OF ADMINI 500 WEST TEMPLE STREET, ROO LOS ANGELES, CA 90012	ISTRATION	OLLECTOR
The exemption granted shall become which commences after the date of a		beginning of the first regular billing period x Administrator.
If you have any questions or need 8 am to 4 pm PT or e-mail us at uut@		ase call (213) 893-7984, Monday-Friday
The Los Angeles County Utility User Ta Code. Refer to http://www.municode.com		e 4, Chapter 4.62 of the Los Angeles County geles County.
For more information, please refer to the	UUT website at htt	ps://ttc.lacounty.gov/uut/.
TTC USE ONLY		
Source of verification:		
Date of birth:	SSI-ID:	
Approved by:		Date:
Service Suppliers Notified:	_ By:	Date: