

<u>City of Craig</u> <u>Senior Citizen</u> <u>Sales Tax Exemption Application</u>

Mailing Address:	City	Stato
Mailing Address:	City	State
Phone:	Birthdate:	
Social Security Number:		
Driver's License Number:		
Signature:		
Date:		
FOR OFFICE USE ONLY		
Provided a copy of proof of age _		
Provided a copy of their PFD		

City of Craig PO Box 725 Craig, Alaska 99921

Phone: (907)826-3275 Fax: (907)826-3278

Issued Card Number:	June 2014 Form		
	Issued Card Number:		

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