



City of Craig
Senior Citizen
Sales Tax Exemption Application

Applicant's Name: _____

Resident's Address: _____

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 _____

Issued Card Number: _____