



Utility User Tax Exemption Application

(Malibu Municipal Code § 3.28.060)

Applicant's Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (Apt No) (City) (State) (Zip Code)

Telephone No: _____ Cell No. _____

Social Security Number: ___ - ___ - ___ Date of Birth: ___ - ___ - ___
(MM) (DD) (YY)

Are you a head of household? Yes _____ No _____

Are you 62 years old or older? Yes _____ No _____

Do you receive any supplemental social security benefits? Yes _____ No _____

CERTIFICATION

I certify under penalty of perjury that all information submitted on this application is true to the best of my knowledge and belief.

Signature of Applicant Date

Utility Information

Account Name: _____

Service Address: _____

Telephone Number: _____

1. _____ Account Number: _____
2. _____ Account Number: _____
3. _____ Account Number: _____

FOR CITY USE ONLY

I hereby certify that the above utility companies are to exempt the listed accounts from the payment of utility user's tax within 60 days of receipt of this notice.

Checked: _____ Date: _____

Please contact Lisa Soghor, Assistant City Manager,
with any questions at (310)456-2489 x 224