

**CITY OF NEWARK  
UTILITY USERS TAX EXEMPTION REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

- Basis for Exemption:     Federal Agency or Subdivision                       State Agency or Subdivision  
                                  Foreign Diplomat                       Public School or State College or University  
                                  Specific municipal code exemption (Specify code section) \_\_\_\_\_  
                                  Other (Please state) \_\_\_\_\_

**Please state:**

**A. Address of each property for which you are requesting an exemption and a description of its use:**

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: EXEMPTION REQUESTS APPLY ONLY TO THE ABOVE LISTED ADDRESSES.**

- B. If you are a public agency or subdivision, please state the name of the state or federal department that you are under:** \_\_\_\_\_
- C. If you are a foreign diplomat, please state your diplomatic title and the name of country you represent:** \_\_\_\_\_
- D. For specific municipal code exemptions and all other exemption requests, attach a copy of supporting documentation necessary to demonstrate compliance with all relevant exemption requirements.**

***IMPORTANT: Please attach to this application a copy of a recent utility bill from each utility provider for which you are requesting an exemption. Exemptions are valid only for utility services for which a recent bill is received by the City. If you change utility providers at any time, you must notify the City of the new utility provider to receive an exemption for the new utility service.***

**DECLARATION**

**I declare, under penalty of perjury, that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct.**

Date: \_\_\_\_\_                      Signed: \_\_\_\_\_

Phone: \_\_\_\_\_                      Print Name/Title : \_\_\_\_\_

<b>MAIL TO : CITY OF NEWARK ATTN: FINANCE DEPT. 37101 NEWARK BLVD. NEWARK, CA 94560</b>
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