



CITY OF INDIO UTILITY USER FEE APPLICATION FOR EXEMPTION

City of Indio - 100 Civic Center Mall Indio, CA 92201
(760) 391-4115 Fax: (760) 391-4021

Applicant's Last Name	First Name	Middle Initial	DOB
Service Address			Phone Number
Mailing Address (If different than Service Address)			

Please list all companies and account numbers for the utilities to be exempt

Utility Type	Company	Account Number
Water		
Gas		
Electric		
Telephone		
Cellular Phone		
Cable		

I hereby request exemption from the City of Indio's Utility User Fee, with the understanding that I must renew every two years, for the following reason (per Section 23.B.21 of the City of Indio Code):

- Age 62 or older
 Filing as head of Household

 Recipient of SSI for the Aged,
 Blind, or Disabled

If there are any changes in circumstances that might disqualify you from this exemption, you must notify the City of Indio, Finance Department within ten (10) days. Failure to do so is a misdemeanor. (ICC 23B.29)

I DECLARE, UNDER PENALTY OF PERJURY THAT THE PROPERTY ADDRESS FOR WHICH I AM REQUESTING THE EXEMPTION IS MY RESIDENTIAL LIVING QUARTERS, I AM THE HEAD OF HOUSEHOLD AT THAT ADDRESS, AND THAT ALL THE OTHER INFORMATION PROVIDED IS TRUE AND CORRECT.

 Signature of Applicant _____
 Date

Exemption verified by _____ Approved _____