



Santa Cruz County 9-1-1 Emergency Response Fee

SENIORS EXEMPTION FORM

Name: _____

Address: _____

_____ Zip Code _____

Telephone Number(s):

1.
2.
3.
4.
5.

Local Telephone Service Provider
(NOT long distance or cellular):

<input type="checkbox"/>	SBC/Pacific Bell
<input type="checkbox"/>	AT&T
<input type="checkbox"/>	Verizon
<input type="checkbox"/>	MCI
<input type="checkbox"/>	Other: Specify _____

I, _____, certify that I am a resident of the unincorporated area of Santa Cruz County, 62 years of age or older, and qualified to receive the 9-1-1 Emergency Response Fee Seniors Exemption.

Signature

Date

SUBMIT TO: Santa Cruz County Treasurer
701 Ocean Street, Room #150
Santa Cruz, California 95060
Telephone: (831) 454-2510