

# San Mateo County Community College District

## MEASURE G

### SENIOR CITIZEN PARCEL TAX REIMBURSEMENT REQUEST

To be completed by the person aged 65 or older who owns and resides in the County of San Mateo, and whose parcel was assessed \$34 parcel tax on the 2011-12 Tax Bill.

**Note:** *if you move out of or sell your interest in the property, you must inform the District.*

- I hereby certify that:
1. I am at least 65 years of age by June 30, 2011.
  2. The property listed below is my **permanent residence**.

Owner Name: \_\_\_\_\_  
Last Name First Name Initial

Telephone: \_\_\_\_\_  
Day Phone Evening Phone

**Property Address:** \_\_\_\_\_ **Mailing Address (if different from Property):** \_\_\_\_\_  
Street Street  
City Zip City Zip

**Parcel Number:** \_\_\_\_\_  
(This number can be found on your property tax bill, or  
<http://www.sanmateocountytaxcollector.org/SMCWPS/pages/secureSearch.jsp>)

The following must be attached to this form:

- Proof of residence **AND** • Proof of Age – **Copy** of one of the following.
  - 2011-12 Property Tax Bill  Driver's License  Medicare Card
  - Birth Certificate  Other \_\_\_\_\_

Under penalty of perjury, I declare that this claim (including accompanying **copies** of proof documents) is, to the best of my knowledge, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PARCEL TAX CONTINUING EXEMPT STATUS

I hereby authorize the San Mateo County Community College District to annually file a parcel tax exemption on my behalf for this property until such time as either I or my estate shall direct the District to change this status or if this property is sold showing a change of ownership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return This Form to:  
San Mateo County Community College District  
Parcel Tax Reimbursement Form  
3401 CSM Drive  
San Mateo, CA 94402  
Questions: (800) 273-5167

Office Use Only	
Verified by:	Date:
Authorized by:	Date:
Check #:	Date: