



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue, San José, CA 95127 · Phone: 408-928-6800 · Fax: 408-928-6416 · www.arusd.org

## Application for Request for Refund for Measure O Parcel Tax 2018-2021 Fiscal Years

To request a refund for Measure O Parcel Tax, please complete this form and send to:

Alum Rock Union Elementary School District  
Business Services  
2930 Gay Avenue  
San Jose, CA 95127

### A. PROPERTY TAX INFORMATION

1. County of Santa Clara Secured Property Tax Bill Number: _____
2. Property Owner's Name: _____
3. Property Address: _____
4. Daytime Phone: _____ 5. Evening Phone: _____

### B. INFORMATION REQUIRED FOR EXEMPTION – Please attach a copy of the following documents:

**PROOF OF AGE:** Legal documents indicating that you will be at least 65 on or prior to July 1, 2018 (or July 1<sup>st</sup> of the fiscal year for which the refund is requested).

\_\_\_\_\_ Driver's License      \_\_\_\_\_ Passport      \_\_\_\_\_ California ID Card      \_\_\_\_\_ Hospital Birth Record

\_\_\_\_\_ Social Security Award Letter      \_\_\_\_\_ Birth Certificate      \_\_\_\_\_ Medi-Cal (not Care) Card

#### OWNERSHIP OF PARCEL:

\_\_\_\_\_ Copy of your County of Santa Clara Secured Property Tax Bill with Measure 'O' fee of \$197.61.

\_\_\_\_\_ Copy of your cancelled check or other proof of payment.

#### EXEMPTION FORM:

\_\_\_\_\_ Copy of Exemption form, submitted to the Alum Rock Union Elementary School District.

### C. PLEASE STATE REASON FOR REQUEST OF REFUND

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Under penalty of perjury, I declare that this claim is, to the best of my knowledge, correct and complete.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

For Office Use Only: Approved: \_\_\_ Denied: \_\_\_

Signature: \_\_\_\_\_