MOUNTAIN RIDGE HIGH SCHOOL TAX CREDIT REQUEST FORM

Deer Valley Unified School District NO. 97

PLEASE PRINT ALL INFORMATION

DATE SUMBITTED: _____

TAXPAYERS NAME: _____

TAXPAYERS SOCIAL SECURITY NUMBER: _____
(Required)

TAXPAYERS MAILING ADDRESS: _____
(Must be AZ resident)

_____

TAXPAYERS PHONE #: _____

STUDENT NAME: _____

EXTRA CURRICULAR ACTIVITY	DATE PAID	AMOUNT PAID
Studio Art #525.1348		

PLEASE RETURN THIS FORM TO:
MOUNTAIN RIDGE HIGH SCHOOL
22800 N. 67TH AVENUE, GLENDALE, ARIZONA 85310
ATTENTION: BOOKSTORE