

**City of Lakewood**  
Affidavit for Utility Tax Relief  
**Criteria:** Disability  
For Calendar Year \_\_\_\_\_

400:136-2

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving utilities services (as defined by Ordinance # 215) at the address listed below.

The applicant meets the following criteria for receiving the exemption from utility taxes:

The applicant is totally and permanently disabled (as defined in Ordinance #215) such as incapacitating the applicant from performing any work at any gainful occupation.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

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

Applicant Signature (Print): \_\_\_\_\_

Date signed by Applicant: \_\_\_\_\_

Attending Physician Signature: \_\_\_\_\_

(required each year for applicant)

Utility Vendor's: \_\_\_\_\_

**Note:** This claim of disability affidavit is for a period not to exceed one (1) calendar year and expires December 31 each year.

**Note:** An affidavit from the attending physician (signature is required on the affidavit) stating disability will be accepted as supporting documentation for disability claim for that current calendar year inclusive. A new affidavit of disability will be required each year.

This original form is to be submitted by the applicant to the City of Lakewood - Finance & Information Systems Department at 6000 Main Street SW, Lakewood, WA 98499.

Maximum relief available per year is \$30 or \$10 per each identified vendor. The following are identified vendors: Electric, Natural Gas and Telephone. LMC 4.48.220

A copy of the most current utility bill for each vendor must be submitted with this form to the city.