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Please enter the utility name, account number and Utility Users Tax amount paid per bill. A copy of each month's statement or summary from the utility must be included with the application. Please send the completed form and supporting documentation to the City of Newark, Finance Department, 37101 Newark Blvd., Newark, CA 94560.

Name: Last		First		M.I.		
Residential Service Address:						
Phone #:		E-Mail:				
Utility:		Utility:		Utility:		
Account #:		Account #:		Account #:		
Bill Month:	Tax Amount:	Bill Month:	Tax Amount:	Bill Month:	Tax Amount:	
Total						
				Grand Total		
Certification: I certify (or declare) under penalty of perjury that the information supplied on this document is true and correct.						
Head of Househo	old Signature	Date				
DO NOT WRITE B	BELOW THIS LINE -	For Office use on	ly			
Verified: Granted		d: Yes	No Account:			
Initial Review Approved: Tax Administrator Approved:						