



City of Craig  
Senior Citizen  
Sales Tax Exemption Application

Applicant's Name: \_\_\_\_\_

Resident's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Proof of Alaska Residence: \_\_\_\_\_

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

Date: \_\_\_\_\_

Issued Card Number: \_\_\_\_\_