



FREMONT UNION HIGH SCHOOL DISTRICT  
**PARCEL TAX REFUND/EXEMPTION APPLICATION FORM**

Fiscal Year

*Request for REFUND/EXEMPTION from the Parcel Tax  
Owner-Occupants - Age 65 or older on or before June 30, 2024*

**2023-2024**

**PART 1 – APPLICANT INFORMATION**

Assessor's Parcel Number (APN # found on property tax bill): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (      ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

**PART 2 – ACTION REQUESTED**

**Please check one box below:**

- ☐ I would like a \$98 Refund from my 2023-24 Property Tax Payment
- ☐ I would like a \$98 Property Tax Payment Exemption beginning in 2024-25
- ☐ I would like **BOTH** of the above – Refund and Exemption

**PART 3 – SIGNATURE AND DECLARATION**

*Under penalty of perjury, I declare that I am the current owner and occupant of the above parcel and that all information on this claim is, to the best of my knowledge, correct and complete.*

\_\_\_\_\_  
Signature of Applicant or Designee

\_\_\_\_\_  
Date

**PART 4 – MAILING/RETURN INSTRUCTIONS**

1. Please include a copy of your **birth record (see list at bottom of page) and a copy of both sides of your property tax bill.**
2. Deliver or mail this form and above documentation by **June 30, 2024** to:

Parcel Tax Services  
Fremont Union High School District  
589 West Fremont Avenue  
Sunnyvale, CA 94087

**OFFICE USE ONLY**

**RESIDENCE VERIFICATION**

(one from the list below)

- ☐ Driver's License      ☐ Soc. Sec. Check
- ☐ Utility Bill      ☐ **2023-2024 Tax bill**

**BIRTH DATE VERIFICATION - (6/30/59)**

(one from the list below)

- ☐ Driver's License      ☐ Passport
- ☐ Birth Certificate      ☐ Medicare Card

Verified By: \_\_\_\_\_

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