

Office of the City Clerk 491 East Pioneer Avenue

Homer, Alaska 99603

clerk@cityofhomer-ak.gov (p) 907-235-3130 (f) 907-235-3143

REQUEST FOR EXEMPTION – PAYMENT OF FEES

Name:	Pł	none:	Cell:	
Mailing Address:				
Address:	City:		State: Zip:	
Email:			_	
Birth Date: SS	SN#:			
Present or Past Employer:				
Employer Phone:	Employer Ado	dress:		
(If not employed at this time please	list last date of emplo	oyment.)		
DEPENDENTS (if any):				
Name	Age		Relationship	
		<u> </u>		
	111001	45 IN ISODY 44 TION		
	INCOM	IE INFORMATION		
Please list income after taxes befo	re other deductions.	Yourself	Carana / Danta an	
Income during the last 12 mon Wages	ths:	rourseir	Spouse/Partner	
Public Assistance				
Unemployment				
Other				
	TOTAL	\$	<u>\$</u>	
Current Monthly Income from	ALL sources	\$	\$	
Monthly Expenses:				
Food	Fur	niture/Equipment Pay	ments	
Rent/Mortgage	•			
		ans or other time payme	·	
Car Payments		and the payment		
		TOTAL EXPENSES	\$	

ASSETS AND DEBTS

Cash on hand or in bank:	FAMILY/PERSONAL ASSETS:	FAMILY/PERSONAL DEBTS:			
Vehicles: Credit Cards: Snow Machines, boats, airplanes, or other motor vehicles Securities, Stocks, bonds, notes: Other Assets of monetary Value: TOTAL DEBT: TOTAL ASSETS: I request exemption from payment of fees as listed in the City of Homer Fee Schedule due to my financial inability to pay. Signature: Date: Subscribed and sworn to before me at on this day of	Cash on hand or in bank:	Mortgage(s):			
Snow Machines, boats, airplanes, or other motor vehicles	Land, Buildings or trailers:	Loans:			
or other motor vehicles	Vehicles:	Credit Cards:			
Securities, Stocks, bonds, notes:	Snow Machines, boats, airplanes,	Other (Auto, Boat, RV, etc.)			
Other Assets of monetary Value:	or other motor vehicles				
TOTAL ASSETS:	Securities, Stocks, bonds, notes:				
TOTAL ASSETS:	Other Assets of monetary Value:				
TOTAL ASSETS: I request exemption from payment of fees as listed in the City of Homer Fee Schedule due to my financial inability to pay. Signature: Date: On this		TOTAL DEBT:			
Subscribed and sworn to before me at					
Subscribed and sworn to before me at	I request exemption from payment of fees as listed in	the City of Homer Fee Schedule due to my financial inability to pay.			
	Signature:	Date:			
me or has producedas identification. (SEAL) Notary Public My Commission expires: OFFICE USE ONLY This request for exemption has been: Approved Denied for the reasons stated below:	Subscribed and sworn to before me at	on this day of			
(SEAL) Notary Public My Commission expires: OFFICE USE ONLY This request for exemption has been: Approved Denied for the reasons stated below:	, 20by	who is personally known to			
Notary Public My Commission expires: OFFICE USE ONLY This request for exemption has been: Approved Denied for the reasons stated below:	me or has produced	as identification.			
Notary Public My Commission expires: OFFICE USE ONLY This request for exemption has been: Approved Denied for the reasons stated below:	(SEAL)				
OFFICE USE ONLY This request for exemption has been: Approved Denied for the reasons stated below:	(013.113)				
This request for exemption has been: Approved Denied for the reasons stated below:		My Commission expires:			
This request for exemption has been: Approved Denied for the reasons stated below:					
This request for exemption has been: Approved Denied for the reasons stated below:					
This request for exemption has been: Approved Denied for the reasons stated below:					
	OFFICE USE ONLY				
City Manager Date	This request for exemption has been: Approved	☐ Denied for the reasons stated below:			
City Manager Date					
City Manager Date					
City Manager Date					
	 City Manager	 Date			

APPEAL PROCEDURE: Denial of your request may be appealed to the City Council. If the City Council upholds the denial of your request, the Council's decision may be appealed to the Superior Court.