



**THE CITY AND BOROUGH OF JUNEAU
APPLICATION TO OBTAIN A SENIOR CITIZEN
DESIGNATED SHOPPER CARD**

SENIOR CITIZEN APPLICANT INFORMATION:

Name _____ Day Time Phone _____

Social Security Number _____ Senior Card Number _____

Mailing Address _____

City _____ State _____ Zip _____

SENIOR CITIZEN'S DESIGNATED SHOPPER INFORMATION:

Name _____ Social Security Number _____

Mailing Address _____

City _____ State _____ Zip _____



PHYSICIAN'S STATEMENT

I, _____, certify that the applicant named above is unable to physically do his/her own shopping. This condition is expected to be:

Permanent

Temporary, until _____

Signature of Physician _____ Date _____

Name of Practice _____ Telephone Number _____

RETURN OR MAIL THIS FORM TO:

City and Borough of Juneau
Sales Tax Office
155 South Seward Street
Juneau, AK 99801