



**City of Palmer • Department of  
Finance 231 W. Evergreen Avenue • Palmer, AK  
99645 Phone: 907-745-3271 Fax: 907-745-0930**

**Sales Tax Exemption Request Form for  
Residents and Businesses Outside the City Limits  
with a 99645 zip code**

Name: \_\_\_\_\_

**Is your residence outside of the established City limits?**  Yes  No

*If yes, please complete sections A, C, and D.*

**A** Residence Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

**Are you a business operating outside the City of Palmer?**  Yes  No

*If yes, please complete sections B, C, and D.*

**B** Business Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

**C** Telephone Numbers:

Cell Phone: \_\_\_\_\_

Land Line: \_\_\_\_\_

Merchandise: \_\_\_\_\_

Other: \_\_\_\_\_

**D** Please provide specific details regarding your request for an exemption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT THIS REQUEST IS FOR DELIVERIES AND SERVICES THAT OCCUR  
\*\*\***OUTSIDE OF THE TAXABLE BOUNDARIES OF THE CITY OF PALMER**\*\*\*

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

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