



**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 – issue card for one year (*renewable upon reapplication*)  
 Temporary, issue card 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 Heritage Way  
Juneau, AK 99801  
Ph: 907-586-5215 x 4901 | Fax: 907-586-0365  
Email: sales.tax.office@juneau.gov