

Last Name

## CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

## **MEASURE O PARCEL TAX EXEMPTION**

for **2026-27** 

To be completed by the owner of the property for which the exemption is claimed. Owner **must** occupy the home being exempted. The exemption becomes effective in the subsequent year. Incomplete applications and errors will be returned and can delay your exemption. **Applications must be filed every year to continue the exemption.** 

First Name

Street Address	City
Phone	email
<ul><li>Proof of Age- I will be age sixty</li><li>a copy my driver's license</li></ul>	v-five (65) or older on or before <b>June 30, 2026</b> and I have included or state ID.
<b>Proof of Residency -</b> As verifice the exemption), I have include	ation that I own and occupy my residence (rental homes do not qualify for d:
• a copy of the <b>first page onl</b>	erty tax bill with my name and address showing, and y of a recent PG&E or EBMUD bill with my name and address showing. e address you are claiming the exemption for.
Sign and date below before	submitting your claim:
I (named above) declare, un	der penalty of perjury, that the foregoing is true and correct.
Signature	Date

Upload to our website at www.cccfpd.org/measure-o-senior-exemption or

ATTN: MEASURE O EXEMPTION

CONCORD, CA 94520

Drop off at the Measure O mailbox at station 76 in Hercules located at 1680 Refugio Valley Rd. (24/7)

4005 PORT CHICAGO HIGHWAY, SUITE 250

or

Before you submit, please be sure you included:

**CCCFPD** 

Return by mail to:

- This completed form, signed and dated
- Copy of driver's license
- Copy of recent utility bill
  - Copy of 2025-26 property tax bill