

2024 APPLICATION FOR  
EXEMPTION FROM PUBLIC UTILITY  
TAX UPON CELL PHONES

FORM 5506CPE-0505

EXEMPTION PERIOD: MM|DD|YY TO 12/31/2024

**THIS APPLICATION APPLIES TO OWNERS OF CELL PHONES WITHIN THE STATE OF DELAWARE.  
THIS APPLICATION MUST BE COMPLETED AND FILED ANNUALLY WITH THE DELAWARE DIVISION OF REVENUE  
TO QUALIFY FOR EXEMPTION FROM THE DELAWARE PUBLIC UTILITY TAX THAT IS ASSESSED  
UPON OWNERS OF CELL PHONES WITH A DELAWARE BILLING ADDRESS.**

1. Social Security Number

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2. Name: \_\_\_\_\_

3. Resident Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

4. Cell Phone Number: \_\_\_\_\_

5. Cell Phone Provider: \_\_\_\_\_

6. Please check one of the following in regards to your resident address listed on Line 3 of this application:

Owner/Lessee

Other (Please explain) \_\_\_\_\_

(You must furnish a copy of your cell phone bill and driver's license, or another document with your name and address, such as a personal id, utility bill, property tax bill or lease agreement.)

7. Is the residence equipped with an operating Internet connection?

Yes (Proceed to Question 8)

No (Proceed to Question 9)

8. Please check the type of operating Internet connection installed in the residence:

Landline Telephone

High-Speed DSL

High-Speed Cable

9. Is the residence equipped with an operating fax connection?

Yes (Proceed to Question 10)

No

10. Please check the type of fax connection installed in the residence:

Landline Telephone

High-Speed DSL

High-Speed Cable

***I declare under penalties as provided by law that there is no other telephone service at the resident address provided on this application and the information on this application is true, correct and complete.***

***Sign and return form to above address.***

\_\_\_\_\_  
Applicant Signature

MM|DD|YY  
Date

APPROVED [ ]

FOR DIVISION OF REVENUE USE

DISAPPROVED [ ]

\_\_\_\_\_  
Explanation

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

