



**SENIOR CITIZEN/DISABLED VETERAN  
PROPERTY TAX EXEMPTION APPLICATION  
AS 29.45.030 (e)-(i)**



1. Name of Municipality: <b>VALDEZ</b>		2. Property Tax I.D.: <b>7025-004-001-0</b>	3. Tax Year <b>2026</b>
4. Name of Applicant: <b>EDWARD T PIVSKY</b>		[REDACTED]	
7. Name of Spouse: <b>BETH E PIVSKY</b>		[REDACTED]	
9. Mailing Address: <b>PO BOX [REDACTED]</b>		10. Residential Physical Address: <b>1633 BROADWAY CT, 99686</b>	
11. Home Phone: [REDACTED]		12. Please check one of the following <input checked="" type="checkbox"/> I am applying as a Senior Citizen age 65 or older <input type="checkbox"/> I am applying as a widow or widower, age 60-64, of a previously qualified applicant. <input type="checkbox"/> I am applying as a Disabled Veteran	
<input checked="" type="checkbox"/> single family <input type="checkbox"/> condominium <input type="checkbox"/> mobile home <input type="checkbox"/> duplex <input type="checkbox"/> other		14. Is this your permanent place of abode? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If no, permanent residential address is: _____	
16. Is any portion of this property used for commercial or rental purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, percentage: _____ %		15. Is your home on land you own? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, % of ownership _____ If no, owner's name: _____	
17. Certification: I hereby certify that the answers given on this application are true and correct to the best of my knowledge. I understand that a willful misstatement is punishable by a fine or imprisonment under AS 11.56.210.			
Date: <b>3-20-26</b>		Signature of Applicant: <i>Ed Pivsky</i>	

Received  
MAR 25 2026

City of Valdez

**Following is for Local Assessor/Clerk Use Only**

<input type="checkbox"/> New Filing	<input checked="" type="checkbox"/> Prior Filing	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Proof Provided:	<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Disability (DAV)	Verified By: <i>SK</i>
Parcel Number and/or Legal Description: _____			
Comments:			
Property Value	Land	Building	Total
Secondary lots	_____	_____	_____
Adjustments:	Total Property Value:		\$ _____
Ownership	% _____		
Commercial/Rental	% _____		( ) _____
		Subtotal:	\$ _____
		If Subtotal exceeds \$150,000, use this figure:	\$ 150,000
Borough	SC/DAV Exempt Value	Tax Code Area	Mill Rate
City	_____	_____	_____
	Total SC/DAV Exempt	Tax Amount	\$ _____

I spend the winter in Ca. and the  
mail forwarding from Valdez to Ventura is  
less than ideal I received no notice  
please reinsatate my senior exemption

Thank you

Ed Pinsky