

FY 24 PAYMENT IN LIEU OF TAXES ~ VERIFICATION FORM
CFDA 15.226

NAME OF MUNICIPALITY CITY OF ANIAK	VENDOR NUMBER CIA84062	TAX ID NUMBER 92-0044123
CONTACT NAME	CONTACT EMAIL ADDRESS	
MAILING ADDRESS PO Box 189	CONTACT PHONE NUMBER	
CITY, STATE, ZIP CODE ANIAK, AK 99557	FAX NUMBER	

Eligibility requirements Per 3 AAC 152.100:

To be eligible to receive a distribution under the payment in lieu of taxes in the unorganized borough program a city must:

1. Be located within the circumference of the boundaries of a federally designated area in the unorganized borough;
2. Be incorporated as a city under AS 29.04.010 – 29.04.020 before July 1 of the state fiscal year in which the distribution is requested;

Please submit this form no later than May 31, 2023.

CERTIFICATION:

As the highest ranking official, I certify the City of Aniak understands the requirements for receiving the Payment in Lieu of Taxes (PILT) funding and agrees to comply with all laws and regulations governing the PILT program.

Signature (*Highest Ranking Official*)

Date

Printed Name and Title

E-mail

caa@alaska.gov

Subject Line: Municipality Name, FY24 PILT

OR Mail to:

**State of Alaska DCCED
Payment In Lieu of Taxes
455 3rd Avenue, Suite 140
Fairbanks, AK 99701**