

**FY 26 PAYMENT IN LIEU OF TAXES ~ VERIFICATION FORM**  
*CFDA 15.226*

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

**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, 2025.**

**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](mailto:caa@alaska.gov)

**Subject Line: Municipality Name, FY26 PILT**

**OR Mail to:**  
**State of Alaska DCCED**  
**Payment In Lieu of Taxes**  
**455 3<sup>rd</sup> Avenue, Suite 140**  
**Fairbanks, AK 99701**