



MOUNTAIN RIDGE HIGH SCHOOL

PUBLIC SCHOOL TAX CREDIT REQUEST FORM



Deer Valley
Unified School District
NO. 97

Please print neatly.

Date Submitted: _____

Taxpayer Name(s): _____

Taxpayer Address: _____
(must be resident of AZ to claim the tax credit)

Student Name: _____

| Extra Curricular Activity | Date Paid | Amount Paid |
|---------------------------|-----------|-------------|
| BAND | | |
| | | |
| | | |

Please return this form with your check made payable to Mountain Ridge High School to:

Mountain Ridge High School
George Hattendorf, Director of Bands
22800 N 67th Ave
Glendale, AZ 85310-4235

Thank you! A tax credit receipt will be mailed to you in January by DVUSD.