

TOWN OF PORT BLANDFORD

POLL TAX EXEMPTION APPLICATION

NAME OF APPLICANT _____

(Please Print)

ADDRESS _____

PRESENT EMPLOYMENT _____

(Name of Employer, and Period of Employment)

PREVIOUS EMPLOYMENT _____

(Name of Employer, and Period of Employment)

I _____ HEREBY MAKE APPLICATION TO THE TOWN OF PORT
BLANDFORD FOR EXEMPTION FROM POLL TAX FOR THE YEAR _____

MY CLAIM FOR EXEMPTION OF THE TAX IS BASED ON THE FOLLOWING:

IF APPLYING FOR EXEMPTION BASED ON INCOME: ALL SOURCES OF INCOME FOR
THE YEAR MUST BE INCLUDED AS FOLLOWS:

GROSS EARNINGS FROM EMPLOYMENT	_____
UNEMPLOYMENT INSURANCE BENEFITS	_____
SOCIAL ASSISTANCE	_____
PENSIONS	_____
BANK INTEREST	_____
INTEREST ON INVESTMENTS	_____
FROM OTHER SOURCES	_____
(Please Specify)	
TOTAL INCOME FOR THE YEAR	_____

A CERTIFIED COPY OF YOUR INCOME TAX RETURN SHOULD ACCOMPANY THIS
APPLICATION WHEN APPLYING FOR EXEMPTION BASED ON INCOME.

DATED AT _____ THIS _____ DAY OF _____ 200 _____

SIGNATURE OF APPLICANT

TO WIT:

I, _____ OF _____ MAKE OATH AND SAY THAT ALL
THE MATTERS AND THINGS CONTAINED IN THIS APPLICATION ARE CORRECT AND
TRUE.

SIGNATURE OF APPLICANT

SWORN AT _____

THIS _____ DAY OF _____, 200 _____
IN THE PRESENCE OF:

NOTE: PERSONS BEFORE WHOM THIS OATH CAN BE SWORN INCLUDE JUSTICE OF THE PEACE,
NOTARY PUBLIC, COMMISSIONERS FOR OATHS, AND BARRISTERS.