DOVER BOROUGH

REQUEST FOR EXONERATION FROM PAYMENT OF PER CAPITA TAXES

For the year _____

Note: The deadline for application is June 15 of the year of exoneration!

INSTRUCTIONS: 1) This form must be completed and submitted for <u>each</u> taxable year. 2) Only <u>one</u> applicant per request!

3) No exoneration request will be considered after the deadline date of June 15. 4) A copy of your per capita tax notice must be attached to this application.

No consideration will be given to any request if this form is not completed as required and/or your tax bill is not submitted with your application.

| LAST | FIRS | Г | MI | |
|------------------|--|--|--|---|
| STF | REET ADDRESS | | | DOVER, PA 1/315 |
| EPHONE | AGE | GENDER | | |
| IA FOR EXONE | RATION: (<u>Select only</u> | <u>one</u>) | | |
| Adult | whose gross annual i | ncome from all sour | rces is l | ess than \$5,000 |
| during the ta | x year. TOTAL INCOM | IE \$ | | |
| Perso | ns who are members | of the Armed Forces | of the | United States on |
| active duty m | ay be exonerated. It is | s also permissible fo | r a spo | use, parent or |
| guardian to e | xecute this form for t | he above listed servi | ce pers | onnel if they are not |
| available to d | o so for themselves. | | | |
| Branch of Ser | vice | Stationed In | | |
| If you are not | the applicant, your re | elationship to applic | ant: | |
| th affirm that t | ne statements given ir | this application are | e true a | nd correct to the best |
| nowledge and b | elief. | | | |
| Sig | nature of Applicant | | | |
| Sig | nature of Witness | | | |
| V EODIVEO | Constant | CE A I I I D I | ъ. | DA 17015 1001 |
| N FORM TO: | Samuel Herman, | 65 Amberview Dri | ve, Dov | er, PA 1/315-1301 |
| * * * * * * | APPLICANT DO NOT | WRITE BELOW THIS | S LINE | * * * * * * * * * |
| ceived | BY | | | |
| -// | Approved: | Denied: | | |
| | SS:STRAdult LAFOR EXONEL Adult during the taxPerson active duty m guardian to ex available to de Branch of Ser If you are not th affirm that th nowledge and beSign Sign NFORM TO: ******* | STREET ADDRESS AGE IA FOR EXONERATION: (Select only of the second of the sec | STREET ADDRESS AGE GENDER IA FOR EXONERATION: (Select only one) ——————————————————————————————————— | EPHONE AGE GENDER IA FOR EXONERATION: (Select only one) Adult whose gross annual income from all sources is I during the tax year. TOTAL INCOME \$ Persons who are members of the Armed Forces of the active duty may be exonerated. It is also permissible for a spot guardian to execute this form for the above listed service pers available to do so for themselves. Branch of Service Stationed In If you are not the applicant, your relationship to applicant: th affirm that the statements given in this application are true at nowledge and belief. Signature of Applicant Signature of Witness Stationed Drive, Dove the province of th |