

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 each taxable year. 2) Only one 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.

NAME: _____

LAST FIRST MI DOVER, PA 17315
ADDRESS: _____
STREET ADDRESS

TELEPHONE AGE GENDER

CRITERIA FOR EXONERATION: (Select only one)

- A. Adult whose gross annual income from all sources is less than \$5,000 during the tax year. TOTAL INCOME \$_____
B. Persons who are members of the Armed Forces of the United States on active duty may be exonerated. It is also permissible for a spouse, parent or guardian to execute this form for the above listed service personnel if they are not available to do so for themselves.

Branch of Service _____ Stationed In _____

If you are not the applicant, your relationship to applicant: _____

I herewith affirm that the statements given in this application are true and correct to the best of my knowledge and belief.

Date _____ Signature of Applicant _____

Signature of Witness _____

RETURN FORM TO: Samuel Herman, 65 Amberview Drive, Dover, PA 17315-1301

***** APPLICANT DO NOT WRITE BELOW THIS LINE *****

Date Received _____ BY _____

Date ___/___/___ Approved: _____ Denied: _____