

SEQ CHAPTER \h \r 1 **TOWN OF EASTPORT**
Poll Tax Exemption Request Form

Name of Applicant _____

Civic Address: _____

Mailing Address: _____

Phone #: _____

Fax #: _____

E-Mail: _____

I, _____, hereby make application to the Eastport Town Council for exemption from Municipal Poll Tax for _____. My claim for exemption/remission is based on the following: (State year)

Reason for Application: (Please indicate in the appropriate section below)

Insufficient Income: State total income and sources. Old Age Pension, Guaranteed Income Supplement, Spouses Allowance and Extended Spouses Allowance are not considered income with respect to the Poll Tax. To qualify for exemption, total income for the year must be less than the basic personal exemption provided for under the Income Tax Act. A copy of your Income Tax Return (Assessment Notice) must accompany your application).

1. _____	1. \$ _____
2. _____	2. \$ _____
3. _____	3. \$ _____
4. _____	4. \$ _____
5. _____	5. \$ _____
6. _____	6. \$ _____
Total: Income:	\$ _____

Non-Residency (State reasons) _____

Other: (Please Specify) _____

(Please use separate sheet or reverse of this page if additional space is needed)

I _____ of _____ make oath and say that all matters contained in this application are correct and true to the best of my knowledge, information and belief.

Sworn at _____ in the province of
Newfoundland and Labrador this _____ day of
_____, 20__

Signature of Applicant

(Person before whom oath is taken)