

SEQ CHAPTER 111 TOWN OF EASTPORT
Property Tax Exemption Request Form

Name of Owner: _____

Name of Applicant *(where not the owner)* _____

Civic Address: _____

Mailing Address: _____

Phone Number: _____

Fax

Number: _____

Year for which application is being made: _____

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

**Non-Profit
Organization:** _____

Commercial: _____

Individual: _____

Other: _____

(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.

Signature of Applicant

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

_____, 20__

(Person before whom oath is taken)