

SEQ CHAPTER 11 \r 1 **TOWN OF EASTPORT**
Water and Water/Sewer 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: _____

Amount of exemption/remission requested: _____

Distance of service(s) from your property: _____

Reason for Application:

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)