

**REQUEST FOR PARTIAL EXONERATION  
FROM PAYMENT OF OCCUPATION PORTION  
OF SCHOOL DISTRICT PER CAPITA TAX**

**For the Tax Year \_\_\_\_\_**

**Complete and return this form to: HANOVER BOROUGH TAX OFFICE: 207 Third St., Hanover, PA 17331**

**NOTE:** Each person requesting exoneration must complete this entire form. PLEASE print legibly or type – unreadable applications will be rejected.

**NAME:** \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ACCT NO.** 670- \_\_\_\_\_ *(Located at the bottom of your tax bill.)*

I am requesting exoneration from: Hanover Public School District "Occupation Tax" (Tax Year: July 1 thru June 30)

**DUE TO RETIREMENT/DISABILITY:** My official date of retirement/disability was \_\_\_\_\_, \_\_\_\_\_

I affirm that the statements given in this application are true and correct to the best of my knowledge and belief. I understand that I am responsible for notifying the tax office if I leave retirement and become employed, so that I may be put back on the tax rolls.

\_\_\_\_\_  
Date Signature of Applicant

State your relationship to applicant and/or your authority to act on their behalf: \_\_\_\_\_