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: Holly Liska, Tax Collector, 279 Frederick St. REAR, Hanover, PA 17331

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. _____

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