POLL TAX EXEMPTION APPLICATION FORM

Name___________________________________________ Telephone_________________________

Address_____________________________________________________________________________

REASON FOR EXEMPTION: (PLEASE CHECK)

__ Property owner in Lewisporte (state address & date property acquired) _____________________________

Payin g property tax or poll tax in another municipality in Newfoundland, of which you are a resident
(letter from municipality or copy of invoice required)

__ Under the age of 18 or over the age of 65 (signed letter stating date of birth required)

__ Living common law with a property owner (signed letter stating your address and length of time you have
been at the address required)

__ Annual income below basic personal exemption amount of $8012 (copy of 2003 Notice of Assessment
showing line 150 from Revenue Canada required)

__ Full time student (name & address of educational institution) _________________________________

( start date and expected completion date)_____________________________________________________

Declaration:

I, ____________________________________ hereby make application to the Town of Lewisporte for exemption or
remission from the municipal poll tax for the period of _________________________________________________.

This claim for exemption or remission of the municipal poll tax is based on the above information and all
required letters or forms are attached.

_____________________________________     ______________________________
Signature of Applicant        Date