

# EXEMPTION FORM

Town Council of Port au Choix

Name of Applicant \_\_\_\_\_

Present Address \_\_\_\_\_

Former Address \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Present Employment: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Present Year Income: \_\_\_\_\_

Name and Address of Spouse: \_\_\_\_\_

I, \_\_\_\_\_ hereby make application to the Town  
of Port au Choix for EXEMPTION OR REMISSION FROM MUNICIPAL TAXES  
(name the tax) \_\_\_\_\_ for the period  
from \_\_\_\_\_

My claim for exemption or remission is based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at Port au Choix this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature