

**JIM THORPE BOROUGH
EXONERATION REQUEST FORM**

REQUEST FOR EXONERATION FROM OCCUPATIONAL TAXES

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

This is a formal Request to be Exonerated from paying the occupational taxes for the Borough of Jim Thorpe.

This form is required to be filled out and made as complete as possible. In addition to this form, supporting documents are also required for the following exoneration categories (check one):

_____ Disabled – note from the Doctor describing the nature of your disability. If you are receiving disability pension, a copy of your check is requested.

_____ Homemaker – statement signed by the homemaker stating that they receive no income from any employer.

_____ Retired – copy of certificate of retirement and/or a copy of the pension check. Note: if you are retired and are working at another place of employment you are not entitled to occupation tax exemption.

The Borough does not exempt those individuals who are temporarily laid off or are receiving unemployment compensation.

Signature: _____

ALL REQUESTS MUST BE NOTARIZED

FORM OF INDIVIDUAL ACKNOWLEDGEMENT

Commonwealth of Pennsylvania

County of _____

On this, the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he _____ or she _____ executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

Notary Public Seal