



THE TOWN OF ST. ANTHONY

P.O. Box 430, St. Anthony, NF A0K 4S0

APPLICATION FOR EXEMPTION (Municipal Taxes)

For Office Use

Date Received: Received by:

1). Name of Applicant:

2). Mailing Address:

3). Reason for Application for Exemption: a). Poll Tax b). Seniors Discount c). Other

Three horizontal lines for providing details for item 3.

Signature of Applicant Date

REVENUE CANADA TAXATION AUTHORIZATION

Dear Sir/Madam:

I authorize Revenue Canada to release copies of my income tax return (s) for the year (s) and any other relevant documents directly to the Town of St. Anthony, P.O. Box 430, St. Anthony, NL, AOK 4SO, to allow it to carry out its responsibilities in administering the Municipalities Act.

Social Insurance Number Signature

Date