



**TOWN OF GRAND BANK**

P.O. Box 640  
Grand Bank, NF  
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(709) 832-1636 FAX

**POLL TAX EXEMPTION APPLICATION**

NAME \_\_\_\_\_ OF \_\_\_\_\_ APPLICANT

(PLEASE PRINT)

MAILING \_\_\_\_\_ ADDRESS

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ ADDRESS

PRESENT \_\_\_\_\_ EMPLOYMENT

(NAME OF EMPLOYER, AND PERIOD OF EMPLOYMENT)

PREVIOUS \_\_\_\_\_ EMPLOYMENT

(NAME OF EMPLOYER, AND PERIOD OF EMPLOYMENT)

I, \_\_\_\_\_, HEREBY MAKE APPLICATION TO THE TOWN OF GRAND BANK FOR EXEMPTION FROM POLL TAX FOR THE YEAR \_\_\_\_\_.

MY CLAIM FOR EXEMPTION OF THE TAX IS BASED ON THE FOLLOWING:

- MOVED/MOVING AS OF \_\_\_\_\_, 20\_\_\_\_\_.  
NEW MAILING ADDRESS: \_\_\_\_\_
- RENT TO OWN AGREEMENT AS OF \_\_\_\_\_, 20\_\_\_\_\_. (Please attach a copy if it is not already on file)
- PURCHASED PROPERTY AS OF \_\_\_\_\_, 20\_\_\_\_\_. (Please inquire regarding documents needed for change of ownership of property)
- INSUFFICIENT INCOME

**A CERTIFIED COPY OF YOUR INCOME TAX RETURN SHOULD ACCOMPANY THIS APPLICATION WHEN APPLYING FOR EXEMPTION BASED ON INCOME. AS WELL, THE APPLICATION MUST BE MADE BEFORE JULY 1<sup>ST</sup>.**

OTHER \_\_\_\_\_

**NOTE:** PERSONS BEFORE WHOM THIS OATH CAN BE SWORN INCLUDE JUSTICE OF THE PEACE, NOTARY PUBLIC, COMMISSIONERS FOR OATHS, AND BARRISTERS.

TO WIT:  
I, \_\_\_\_\_, OF \_\_\_\_\_, MAKE OATH AND SAY THAT ALL THE MATTERS AND THINGS CONTAINED IN THIS APPLICATION ARE CORRECT AND TRUE.

DATED AT \_\_\_\_\_, 20\_\_\_\_\_. THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN AT \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

IN THE PRESENCE OF:  
\_\_\_\_\_