



TAX EXEMPTION APPLICATION

MUNICIPALITY: TOWN OF SANDRINGHAM

Name of Applicant(s): _____

Present Address: _____

Total Income for _____; \$ _____

I, _____ hereby make application to Town of Sandringham Town Council for exemption or remission from Municipal Taxes for _____.

Dated at _____, this _____ day of _____, 20_____

Signature of Applicant(s)

Note: A copy of your previous year's tax return must accompany this form.



Municipality of Sandringham, Newfoundland

AFFIDAVIT

I (We), _____ of _____

Make oath and swear that all the matters and things contained in the tax exemption application are correct and true to the best of my knowledge.

Signature of Applicant

Sworn at _____ this _____ day of _____, 20____

(Signature of person before whom oath is sworn)

Note: Persons before whom this oath can be sworn include Town Clerks/Managers, Notaries Public, Magistrates, Justices of the Peace, Barristers and Commissioners of Supreme Court