

JUNIATA COUNTY

Per Capita Tax Exoneration for Full-Time Students

NAME AND ADDRESS		
_____ Student's Last Name	_____ First Name	_____ Middle Initial
_____ R. D. No. or Street Address	_____ Post Office Address	
_____ Exoneration for Tax year	_____ Bill No.	

STUDENT ENROLLMENT INFORMATION

Full Time Student Attending _____

Check months since January 1, _____ in which you were, and will be in full-time attendance at the above school.

_____ January	_____ May	_____ September
_____ February	_____ June	_____ October
_____ March	_____ July	_____ November
_____ April	_____ August	_____ December

Last date attended as full-time Student _____

SIGNATURE OF FULL-TIME STUDENT

I declare that this claim is correct and complete to the best of my knowledge and belief.

Signature

Date

SIGNATURE OF TAX COLLECTOR

It is recommended that the Juniata County Commissioners exonerate this claimant on the basis of the above information.

_____ I agree with this request
_____ I do not agree with this request.

Date

Signature of Tax Collector

Borough or Township