

COUNCIL ROCK SCHOOL DISTRICT
Newtown, Pennsylvania

Year _____

Twp. _____

Acct. _____

Date _____

NOTICE OF CHANGE OF OCCUPATION

Please return to: **Council Rock School District**
Tax Office
30 N Chancellor Street
Newtown, PA 18940

(Please Print)

NAME _____

ADDRESS: _____

Street

City

State

Zip

Phone #

OCCUPATION

I hereby swear (or affirm) that my present occupation is:

(If you are requesting part-time classification, please indicate the #/hours worked per week)

ADDRESS: _____

TELEPHONE NO. _____

And has been so since _____ (date), and request that it be changed from my

former occupation which was _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE NO. _____

Applicant's Signature

NOTE: If you are requesting a change to "retired" you must include a copy of a letter from your employer or Social Security Office. **OR** enclose a notarized letter stating your intention of retirement until otherwise notified.

If you are requesting a change to "permanently disabled", you must include a letter from your physician indicating your disability status **OR** an award letter from Social Security Disability.

If you are requesting a change to part-time, please enclose a letter from your current employer verifying # of hours worked/week.

If you are requesting a change to "houseperson", you must include a notarized letter stating your intention of non-working classification until Council Rock School District is otherwise notified.