

**COUNCIL ROCK SCHOOL DISTRICT**  
Newtown, PA 18940

Year: \_\_\_\_\_  
Twp. \_\_\_\_\_  
Acct. \_\_\_\_\_

Date \_\_\_\_\_

**REQUEST FOR EXONERATION FORM**

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

**(Please Print)**

I, \_\_\_\_\_ hereby swear (or affirm) that my residence is:

\_\_\_\_\_

Street Address	City	State	Zip	Phone #
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in the Township/Borough of \_\_\_\_\_ and that I am not liable for the Occupation Tax because of unemployment.

**Employer prior to unemployed status:**

Name: \_\_\_\_\_  
Address \_\_\_\_\_

Unemployed from: (Dates) \_\_\_\_\_ to \_\_\_\_\_

**Present employer:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

**Expect to be employed by:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Estimated date of hire: \_\_\_\_\_

I declare under the penalties of perjury that this petition and the statements made herein are true and correct.

\_\_\_\_\_  
Applicant's Signature

**Please note: You must send documentation with your request for exoneration.**

\*\*\*\* **Documentation of unemployment is required.** Photocopy proof of unemployment compensation form (or Benefit Payment History Page from online claims), **OR** a notarized letter stating you are unemployed as of July 1<sup>st</sup> of the current year.

\*\*\*\* If a student & requesting exoneration, enclose:  
Copy of Student I.D. Card  
Copy of Courseload

\*\*\*\* If temporarily disabled, please enclose an **updated** letter from your doctor.