

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