

TOWNSHIP // CITY

Principal Residence Exemption
Request for Prior Year(s)
July/December Board of Review Only

**** SEE DOCUMENTATION SHEET FOR EXAMPLES OF ACCEPTABLE DOCUMENTS TO PROVIDE ****

Complete by Person Requesting Exemption

PARCEL NUMBER: _____

PROPERTY ADDRESS: _____

OWNER NAME: _____

OWNER PHONE #: _____

DATE OWNED & OCCUPIED: _____

YEAR(S) REQUESTED: _____

NAME (PRINTED): _____

SIGNATURE: _____

DATE: _____

TOWNSHIP/CITY USE (do not write below this line)

PRE AFFIDAVIT INCLUDED OR ON FILE: _____ YES _____ NO

SUPPORTING DOCS PROVIDED: _____ YES _____ NO

DOCUMENTS PROVIDED:
(Income Taxes, Utility bills etc)

REVIEWED BY: _____

DATE REVIEWED: _____

BOARD OF REVIEW: _____ JULY _____ DECEMBER

YEARS: _____

SIGNATURE: _____