

OIL CITY AREA SCHOOL DISTRICT
REQUEST FOR EXONERATION OF PER CAPITA TAX

I am requesting exoneration for one of the following reasons:

- Death During Tax Year—Taxable resident who dies during the billing year
 - Attach copy of Death Certificate

- Non-Resident—Resident who moved prior to the billing tax year
 - Attach proof of lease/settlement agreement, mortgage statement, utility bill, bank or credit card statement

- Full Time College Student—Resident must have changed their LEGAL address to the college address
 - Must provide a copy of drivers license

NAME: _____ **ACCOUNT NUMBER:** _____

ADDRESS: _____ **TAX YEAR:** _____

SIGNATURE OF PERSON REQUESTING EXONERATION: _____

DATE: _____

Return Completed form to:

HAB-DLT
PO BOX 25149
Lehigh Valley, PA 18002

Email: eDLT@goberk.com