EAST MANCHESTER TOWNSHIP



| | and Municipal Portion of Earned Income T Fire Companies and Nonprofit Emergency | |
|--|--|---------------------------|
| | - Submission Deadline: March 1 st | |
| The Township is not liable for late tax filing if you wait until the Legal Deadline of April 1 st , with 2 nd Tuesday of the month BOS meeting for approval. | | |
| | | |
| Date: | Tax Year: | |
| Applicant Name: | Soc Sec. #: | |
| Applicant Address: | | Phone #: |
| | Eligible Agency Name: | |
| Eligibility Category: | | |
| □Emergency Responder | □ Social / Supporting Member | □ Injured Volunteer |
| Total Application Points Accrued: | | |
| Please ensure that the following doc | uments are included with this applicati | on: |
| | receipt or certification from the Township T or the tax year in which the rebate is reque | |
| □ Photocopy of applicants' dri | ver's license | |
| \Box Documentation that the tax j | paid was for qualified real property as defi | ned by the ordinance. |
| licensed provider stating that the | with Eligible Agency and if injured updated ne injury still exists and prevents them from of the East Manchester Township Ordinand | n qualifying as an active |
| I hereby certify that the informati knowledge. | on contained herein is correct and accu | urate to the best of my |
| Applicant Printed Name | Applicant Signature | Date |
| Agency Supervisor Printed Name | e Agency Supervisor Signature | Date |
| Submit to <u>Manager@EManchest</u> East Manchester Township Attn: | <u>erTwp.com</u> or to Manager; 5080 N Sherman St. Ext., M | ount Wolf, PA 17347 |
| Î. | HERMAN STREET EXT • MT. WOL | |

(717) 266-4279 • FAX (717) 266-0429 • <u>WWW.EMANCHESTERTWP.COM</u>