

APPLICATION FOR PROPERTY TAX ABATEMENT

L.E.R.T.A.

RETURN THIS FORM TO: Eldred Township 3441 Route 36 Brookville, PA 15825 Phone# 814-849-7683

I hereby apply for abatement from increased tax assessment on the proposed improvements to the property described below. Such abatement applies to increased assessment within the taxing jurisdiction of Eldred Township, introduced 11/01/1994.

Property Owner/Taxpayer:	Phone #: ()
Mailing Address:	
Municipality in which property is located:	
Parcel/Map#:	
Building Permit #:	Issued on:
Estimated cost of improvement: \$	
best of my knowledge. I understand that this applica THE BUILDING PERMIT IS ISSUED and failure to no exceptions.	, certify that the above statements are true to the ation MUST be filed WITHIN 60 DAYS OF THE DATE do so will result in disapproval by Eldred Township with
THE BUILDING PERMIT IS ISSUED and failure to	do so will result in disapproval by Eldred Township with
THE BUILDING PERMIT IS ISSUED and failure to no exceptions.	do so will result in disapproval by Eldred Township with Date:
THE BUILDING PERMIT IS ISSUED and failure to no exceptions. Signature: Received By:	do so will result in disapproval by Eldred Township with Date:
THE BUILDING PERMIT IS ISSUED and failure to no exceptions. Signature: Received By: Township Action: Approved () Disapproved	do so will result in disapproval by Eldred Township with
THE BUILDING PERMIT IS ISSUED and failure to no exceptions. Signature: Received By: Township Action: Approved () Disapproved Name of Supervisor Reviewing Application: (PRINT)	do so will result in disapproval by Eldred Township with
THE BUILDING PERMIT IS ISSUED and failure to no exceptions. Signature: Received By: Township Action: Approved () Disapproved Name of Supervisor Reviewing Application: (PRINT) Signature Signature	do so will result in disapproval by Eldred Township with Date: On: Date: Da
THE BUILDING PERMIT IS ISSUED and failure to no exceptions. Signature: Received By: Township Action: Approved () Disapprov Name of Supervisor Reviewing Application: (PRINT) Signature Name of Supervisor Reviewing Application (PRINT)	do so will result in disapproval by Eldred Township with Date: On: Date: Da