

Caln Township

Volunteer Emergency Services Tax Rebate Program

This application should be completed and emailed to Lisa Swan at lswan@calntownship.org, along with proof of eligibility for the Chester County Tax Rebate Program (confirmation letter, rebate check stub, etc.).

IMPORTANT

To qualify for the tax rebate program, the name on the eligibility list submitted by the volunteer agency and the name on this form must match the name on the tax record.

Name as it appears on parcel ownership: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Status:

- Administration
- Injured Volunteer
- Emergency Responder

Name of agency where applicant volunteers (list all that apply):

Tax Parcel ID Number (format = 0000_00000000x0000X00000000):

Is applicant listed as an owner on the tax ID parcel?

- Yes**
- No**

Are this year's taxes paid on the above parcel?

- Yes**
- No**

By submitting this application, I declare, pursuant to 18 Pa.C.S.A. § 4904, that the information I provided herein is true and correct based upon my personal knowledge, information, and belief.

- Proof of eligibility for the Chester County Emergency Services Tax Rebate Program is included with my application.**

Signature: _____

Date: _____