



**Corporate Services Department  
Finance Division**

**City of Mount Pearl  
3 Centennial Street  
Mount Pearl, NL  
A1N 1G4**

**Telephone: (709) 748-1033  
Fax: (709) 748-1111  
Website: [www.mountpearl.ca](http://www.mountpearl.ca)**

**REQUEST FOR TAX EXEMPTION / TAX DEFERRAL**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Annual income previous year \$ \_\_\_\_\_  
(attach Revenue Canada Assessment Notice)

4. Annual income previous year \$ \_\_\_\_\_

5. Are there any other family members or other adults residing at this property that filed a tax return for the previous year? No ☒ Yes ☐

6. Please give brief description of reason for applying for Tax Deferral and any extenuating circumstances that you wish Council to consider in reviewing your request.  
Low Income  
\_\_\_\_\_  
\_\_\_\_\_

7. I am applying for: Interest Exemption ☐ Tax Deferral ☒

I hereby make oath and say that the foregoing information is true to the best of my knowledge/belief and this is my permanent place of residence. I understand that any taxes deferred and unpaid constitute a lien against my property and will become due and payable in their entirety immediately upon sale or transfer of my property.

Sworn to at Mount Pearl in the Province of NL, before me:

17-Jan-18  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Witness)