

**BLUE MOUNTAIN SCHOOL DISTRICT
REQUEST FOR EXONERATION OF OCCUPATIONAL ASSESSMENT**

I am requesting exoneration for one of the following reasons:

- Deceased—Taxable resident who dies during the tax year.
-Attach a copy of Death Certificate
- Non-Resident—Taxable resident whom moved prior to the billing time period
-Attach a copy of Drivers License showing new address
- Military—Taxable resident who was considered Active-Duty Military for a 6 month time frame
from 7/1-12/31 of billing year
- Clergy—Taxable resident who is considered full-time clergy with no other forms of employment
- Full-Time Student—Taxable resident who is still in high school as of 7/1 of billing year OR a
college student with earned income less than \$5,000
- Low Income—Taxable resident whose earned income is less than \$5,000 for the calendar year

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