

Application for Gilpin Township Volunteer Tax Credit

PLEASE PRINT CLEARLY.

For Member Use

Applicant Name: _____

Address: _____

Telephone: _____

Email: _____

I hereby certify that the information provided above is true and correct to the best of my knowledge, information, and belief.

Signature of Member

Date

For Chief Use

Please initial next to each statement that applies.

Member has attended the set amount of calls. _____

Member has attended the set number of events. _____

Member has attended the set amount of practices. _____

Member has attended the set number of meetings. _____

Member has served the set number of years. _____

Member appears on the notarized eligibility list. _____

I hereby certify that the information provided above is true and correct to the best of my knowledge, information, and belief.

Signature of Chief

Date

Upon completion, please forward to Township Secretary/Treasurer no later than April 1st.