

**July/December Board of Review
Principal Residence Exemption
Request to grant previous year**

Parcel Number: _____

Property Address: _____

Owner Name: _____

Year(s) Requested: _____

Printed Name: _____

Signature: _____

Date: _____

Please attach documentation showing residency for year(s) requested.
If your request includes more than one parcel number please list here:
