



TOWN OF MILLINGTON
P. O. BOX 330, 402 CYPRESS STREET
MILLINGTON, MD 21651
(410) 928-3880

**Millington Volunteer Fire Department
 Tax Credit Application**

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 Please complete the application by printing in ink or typing. Use additional paper if necessary.

1. Property Owner Information:

Last Name: _____ *First Name:* _____
Address: _____ *City/State/Zip:* _____
Phone Number: _____ *Email Address:* _____

3. Mailing Address: (if different from above)

4. Additional Required Information:

- A. A copy of the Maryland State Point System Verification form as issued by the Millington Volunteer Fire Company to show that the individual and the property remain qualified for the credit;
- B. A copy of the property tax bill for the residence.

5. Signature(s): By signing below, you attest that the information above and attached is true and correct to the best of your knowledge.

Property Owner: _____ *Date:* _____

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For Office Use Only:

Date Received: _____ *Verification Documents Received:* _____
Amount of Credit to be Issued: _____ *Date Notification Made to County Finance Office:* _____