

TAXATION; SPECIAL

24 Attachment 3

Township of Lower Macungie

EXHIBIT A

**LOWER MACUNGIE TOWNSHIP
INFORMATION REQUEST TIME EXTENSION PROCEDURE NOTICE**

Under Pennsylvania Law (53 P.S. § 8424), you have 30 calendar days from the mailing date of our information request to respond by: (1) providing the Township with the requested information; or (2) requesting an extension of time in which to provide the requested information. This thirty-day period is measured from our date of mailing the request for information. If you need an extension, send a written request, specifying the reasons for the extension and the facts supporting those reasons, to the Tax Administrator at the following address:

Lower Macungie Township Municipal Building
3400 Brookside Road
Macungie, PA 18062

Reasonable time extensions will be granted for good cause. The Township will notify you in writing of whether a time extension has been granted. If your request is granted, the Township will inform you of the amount of the time extension. If your request is denied, the Township will inform you of the basis for its denial and that you must immediately provide the requested information.

LOWER MACUNGIE CODE

**LOWER MACUNGIE TOWNSHIP
TIME EXTENSION REQUEST**

INSTRUCTIONS: This form is to be used by taxpayers when requesting an extension of time to respond to a request for information. You must specify the reasons for the extension and the facts supporting those reasons.

DATE: _____

TAXPAYER NAME: _____
Last First Middle Initial

TAXPAYER ADDRESS: _____
Street
City State Zip Code

Date Request for Information was received by taxpayer: _____

Tax(es) for which Request for Information was issued: _____

Reason(s) for extension of time for responding to a Request for Information.

If you need additional space, please attach separate pages.

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AFFIDAVIT

I affirm that this information is true and correct to the best of my knowledge, information and belief and I further understand that false statements are made subject to the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Date: _____

(Signature of Taxpayer)

(Taxpayer Representative)

Signature of Taxpayer

Taxpayer Representative

FOR TOWNSHIP USE ONLY

Date Received: _____

Request Approved: _____ Request Denied: _____

New Due Date: _____

Date Notice of new due date mailed to taxpayer: _____

(Signature of Authorized Representative of Lower Macungie Township)