

**Town of Berlin**  
**Senior/Veteran Property Tax Work-off**  
**Abatement Program**

**Program Department Request Form**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Position of person completing form: \_\_\_\_\_

1. Please describe the position to be filled.

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2. List the skills the position requires.

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3. When do you anticipate this need? (Approximate dates)

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4. Please indicated days and times work to be performed. Is this a short term need or on-going?

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5. Is there any additional information we need to know about this position?

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*I understand as the Department Head/Supervisor that I have the right to select or reject an applicant based upon his/her skill level. I also understand that once an applicant is placed, I agree to train, supervise, and verify the hours worked.*

Signature: \_\_\_\_\_

*Please submit completed forms to the Council on Aging mailbox in the Town Offices mailroom*