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

## **Program Department Request Form**

1. Please describe the position to be filled.  2. List the skills the position requires.  3. When do you anticipate this need? (Approximate dates)  4. Please indicated days and times work to be performed. Is this a short term need or ongoing?  5. Is there any additional information we need to know about this position?  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:	Department: Date:	
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Please submit completed forms to the Council on Aging mailbox in the Town Offices mailroom