

VILLAGE OF ROCKTON

**Senior Citizen Application for
Reimbursement of Municipal Telecommunications Tax**

Year _____

Name _____

Address _____

Frontier _____ Verizon Wireless _____ Other _____

Telephone Number _____ Birth Date _____

*Attach bills (or copies) with Simplified Municipal Telecommunications Tax (SMTT),
and/or Rockton MTT highlighted*

	SMTT	Rockton MTT
JANUARY	\$ _____	\$ _____
FEBRUARY	\$ _____	\$ _____
MARCH	\$ _____	\$ _____
APRIL	\$ _____	\$ _____
MAY	\$ _____	\$ _____
JUNE	\$ _____	\$ _____
JULY	\$ _____	\$ _____
AUGUST	\$ _____	\$ _____
SEPTEMBER	\$ _____	\$ _____
OCTOBER	\$ _____	\$ _____
NOVEMBER	\$ _____	\$ _____
DECEMBER	\$ _____	\$ _____
TOTAL	\$ _____	

Please Return to:
Village Collector
110 East Main Street
Rockton, IL 60172