

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION****STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER	JOHN & CYNTHIA QUIGLEY		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	QUIGLEY	APPLICANT'S FIRST NAME	JOHN	MI	P	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	66 FARM LANE					
CITY/TOWN	SEABROOK		STATE	NH	ZIP CODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	66 FARM LANE					
TAX MAP	13	BLOCK	58	LOT	20	

**STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL****VETERANS' TAX CREDITS / EXEMPTION**

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)	750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)				
<input type="checkbox"/> Other Information				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse		GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	

**APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS**

## CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single				65-74 years of age
Married				75-79 years of age
				80+ years of age
Asset Limits				
Single				
Married				

**STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)**

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	

**ELDERLY / DISABLED TAX DEFERRAL**

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	AMOUNT	DATE
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For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)

**STEP 3 COMMENTS / NOTES**

Municipal Notes

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION****MUNICIPAL AUTHORIZATION****STEP 4 SIGNATURES**

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

**CHAIRMAN**

SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

DATE

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

**VICE-CHAIRMAN**

SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

DATE

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

**CLERK**

SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

DATE

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

DATE

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DATE

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL

DATE

**APPEAL PROCEDURE**

If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before **September 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at [www.nh.gov/btla](http://www.nh.gov/btla); or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

**INSTRUCTIONS****STEP 1 PROPERTY OWNER'S INFORMATION**

Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.

**STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL**

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.

Check the box(es) Granted or Denied which apply.

Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.

Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.

For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.

All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application.

**STEP 3 COMMENTS / NOTES**

Optional space to place any notes or comments which the applicant should be made aware of.

**STEP 4 SIGNATURES**

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

FEB 25 2025

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

## OWNER AND APPLICANT INFORMATION

## OWNER

John Paul Quigley + Cynthia Quigley

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

If required, is a PA-33 on file?

☐ YES ☐ NO

PHONE NUMBER

Quigley

John

MI

P.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

## MAILING ADDRESS

166 Farm Lane

## CITY/TOWN

Seabrook

## STATE

NH

## ZIP CODE

03874

## PROPERTY ADDRESS

166 Farm Lane

## TAX MAP

13

## BLOCK

58

## LOT

30

IS THIS YOUR PRIMARY RESIDENCE? ☒ YES ☐ NOSTEP 2  
VETERANS'  
TAX CREDITS  
AND  
EXEMPTION

## VETERAN'S INFORMATION

## 1. APPLICANT IS THE:

- ☒
- Veteran
- 
- ☐
- Spouse
- 
- ☐
- Surviving Spouse

## 2. APPLYING FOR:

- ☐
- Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
- 
- ☐
- All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)
- 
- ☐
- Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)
- 
- ☐
- Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty. ...")
- 
- ☐
- Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500)
- 
- ☐
- Certain Disabled Veterans (Exemption) (RSA 72:36-a)

## 3. Veteran's Name

John P. Quigley

Dates of Military Service  
Enter (MMDDYYYY)

## 4. Date of Entry

1-7-71

## 5. Date of Discharge/Release (if applicable)

1-6-75

## IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

## 6. Name of Allied Country Served in

## 7. Branch of Service

Navy

## 9. Does any other eligible Veteran own interest in this property?

YES ☒ NO ☐ If YES, provide name

Cynthia Quigley

## 8. Please Check One.

- ☒
- US Citizen at time of entry into Service
- 
- ☐
- Alien but resident of NH at time of entry into Service

STEP 3  
EXEMPTIONS

## STANDARD EXEMPTIONS

10. ☐ Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)  
(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth  10b. Spouse's Date of Birth
11. ☐ Improvements to Assist Persons with Disabilities (RSA 72:37-a)
12. ☐ Blind Exemption (RSA 72:37)

## LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

13. ☐ Deaf Exemption (RSA 72:38-b) ☐ Electric Energy Storage Systems Exemption (RSA 72:85)  
☐ Disabled Exemption (RSA 72:37-b) ☐ Wind-Powered Energy Systems Exemption (RSA 72:66)  
☐ Solar Energy Systems Exemption (RSA 72:62) ☐ Woodheating Energy Systems Exemption (RSA 72:70)  
☐ Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)
14. ☐ NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)  
☒ NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed  
☐ NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 4  
RESIDENCYSTEP 5  
OWNERSHIP15. Do you own 100% interest in this residence? ☒ Yes ☐ No If NO, what percent (%) do you own? STEP 6  
SIGNATURES

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

PA-29

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

## MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

## VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
13	58	20	750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)						
<input type="checkbox"/> Other Information						

## VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption
GRANTED ☐ DENIED ☐

DATE

## APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single				65-74 years of age	
Married				75-79 years of age	
Asset Limits				80+ years of age	
Single					
Married					

## STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="checkbox"/>	<input type="checkbox"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- ☐ \* List of assets, value of each asset, net encumbrance and net value of each asset.  
☐ \* Statement of applicant and spouse's income.  
☐ \* Federal Income Tax Form.

- ☐ \* State Interest and Dividends Tax Form.  
☐ \* Property Tax Inventory Form filed in any other town.

\* Documents are considered confidential and must be returned to the applicant once a decision is made on the application.

## Municipal Notes

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
chairman		
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
vice-chairman		
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
clerk		
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE

VETERANS' CREDIT QUALIFICATIONS WORKSHEET  
In Satisfaction of RSA 21-J:11-a Assessment Review Report  
Conducted Every Five Years

Name of Municipality: SEABROOK

Name of Applicant: John P. Quigley

Address of Applicant's Principal Place of Abode: 106 Farm Lane

Map and Lot Number of Applicant's Principal Place of Abode: 13-58-20

Date of Original Application to Municipality: 2-26-25

**Regular Veterans' Tax Credit (RSA 72:28)**

Date Range of Active Duty From DD214 or other qualifying discharge papers;  
(90 days must be within this range) 1-7-71 - 1-6-1975

Was veteran honorably discharged or separated from service? YES ☒ NO ☐

If applicable, list any qualifying medals earned: \_\_\_\_\_

For a list of qualifying medals go to: [http://www.nh.gov/revenue/property\\_tax/veterans\\_medals\\_list.doc](http://www.nh.gov/revenue/property_tax/veterans_medals_list.doc)

For a list of qualifying discharge papers go to:

[http://www.nh.gov/revenue/property\\_tax/Veterans Qualifying Dischg Papers -Web 0804.doc](http://www.nh.gov/revenue/property_tax/Veterans%20Qualifying%20Dischg%20Papers-Web%200804.doc)

Documentation Reviewed By: Gemma Camilleri Application Approved by: BOS

**Service Connected Total and Permanent Disability (RSA 72:35)**

The municipality has seen a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from service connection and has approved or denied this application accordingly.

Documentation Reviewed By: \_\_\_\_\_ Application Approved by: \_\_\_\_\_

**Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)<sup>1</sup>**

**For 72:29-a:** The municipality has seen a copy of the DD214 discharge papers or a copy of the DD Form 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spouse and has determined that the veteran, in this case, died or was killed while on active duty in the armed forces of the United States of America in the wars, conflicts or armed conflicts, or combat zones set forth in RSA 72:28 and has approved or denied this application accordingly.

**For 72:36-a:** The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: \_\_\_\_\_ Application Approved By: \_\_\_\_\_



new York  
 6116 887  
 111-885 608  
 EYH/Idit 75-58508 46835  
 221523 Application v

THIS IS AN IMPORTANT RECORD  
 SAFEGUARD IT

1. LAST NAME-FIRST NAME-MIDDLE NAME <b>QUIGLEY, John Paul</b>		2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>000 000 000</b>	4. DATE OF BIRTH YEAR <b>51</b> MONTH <b>07</b> DAY <b>30</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>NAVY-USN</b>		6. GRADE, RATE OR RANK <b>PN3</b>	7. PAY GRADE <b>E-4</b>	8. DATE OF RANK YEAR <b>72</b> MONTH <b>09</b> DAY <b>01</b>
9. SELECTIVE SERVICE NUMBER <b>190 995 105 99</b>		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>#99 Billerica MA 01803</b>		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE <b>Burlington MA 01803</b>
12. TYPE OF SEPARATION <b>Release from Active and Transfer to the Naval Reserve</b>		13. STATION OR INSTALLATION AT WHICH EFFECTED <b>NAS Patuxent River MD 20670</b>		
14. AUTHORITY AND REASON <b>Honorable</b>		15. EFFECTIVE DATE YEAR <b>75</b> MONTH <b>01</b> DAY <b>06</b>		16. TYPE OF CERTIFICATE ISSUED <b>DD256N</b>
17. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>NAS Patuxent River MD 20670</b>		18. COMMAND TO WHICH TRANSFERRED <b>Naval Reserve Manpower Center Bainbridge MD 21905</b>		
19. TERMINAL DATE OF RESERVE YEAR <b>NA</b> MONTH <b>NA</b> DAY <b>NA</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Medford MA</b>		
21. PRIMARY SPECIALTY NUMBER AND TITLE <b>PN - 0000</b>		22. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>205 - Personnel Clerks</b>		
23. SECONDARY SPECIALTY NUMBER AND TITLE <b>PN - 0000</b>		24. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		
25. (HOOCH) OR HOOCH SERVICE SINCE AUGUST 9, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) <b>12</b>		
27. LEAVE PAID <b>TL - NONE</b>		28. DISABILITY OR SERVICE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		
29. (HOOCH) OR HOOCH SERVICE SINCE AUGUST 9, 1964 <b>20,000</b>		30. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) <b>12</b>		
31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>National Defense Service Medal. First Good Conduct Award for Service ending 06JAN75.</b>		32. SIGNATURE OF PERSON BEING SEPARATED <i>John Paul Quigley</i>		
33. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>Oak Knoll Rd., Burlington MA 01803</b>		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Wesley Berg</i>		
35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>W. G. BERG GS-9 ASST MIL PERS OFF/drg</b>		36. DATE COMPLETED <b>NA</b>		

CM  
V

DD FORM 214N  
NOV 75

PREVIOUS EDITIONS OF THIS  
FORM ARE OBSOLETE.  
G/N 0102-002-0102

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT

REPORT OF SEPARATION FROM ACTIVE DUTY







[illegible]