



Date Received:
APPLICATION FOR EXEMPTION OF
PERSONAL PROPERTY
BEGINNING WITH ASSESSMENT YEAR

Year to be filled in by the Assessor

TO APPLICANT: Present this Application accompanied by the following documents to the Assessor's Office:

- 1. Articles of Incorporation and By-Laws
2. Balance Sheet
3. Copy of Federal Income Tax Return for last 3 years (including 990 Forms)
4. Statement of Taxable Status from the Internal Revenue Service
5. Factual statement explaining what your organization has done within the past year that qualifies this entity to receive an exemption.

TO THE ASSESSOR (APPLICANT PLEASE COMPLETE SIDE ONE):

We, the undersigned, respectfully request the exemption of the following described personal property, located in the City/Village/Township of

\_\_\_\_\_ , same being owned by the undersigned, and being used for:

- Educational [MCL 211.9(a)] Religious [MCL 211.7s] Charitable [MCL 211.9(a)] Renaissance Zone [MCL 211.7ff]
Scientific [MCL 211.9(a)] Other \_\_\_\_\_ under Section \_\_\_\_\_ of the Michigan Property Tax Laws

Organization Name: \_\_\_\_\_

Officers: \_\_\_\_\_ Title: \_\_\_\_\_

Local Property Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Parcel Tax Identification Number:

Do you currently have any leased equipment at this location? Yes No
If yes, please attach a rider giving the names of the entities.

Are there any other companies, affiliated corporations or individuals doing business at this location? Yes No
If yes, please attach a rider giving the names and contact information for each entity.

Are you currently receiving a personal property tax exemption in another Michigan Community? Yes No

If yes, where? \_\_\_\_\_

For what? \_\_\_\_\_

The above is, to the best of my knowledge and judgement, a true and correct statement of the facts concerning the above described property.

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

APPLICATION FOR EXEMPTION OF PERSONAL PROPERTY – ASSESSOR (PAGE 2)

PARCEL TAX IDENTIFICATION NUMBER: \_\_\_\_\_

Recommendation:

EXEMPTION APPROVED: \_\_\_\_\_  
Assessor

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

\_\_\_\_\_  
Auditor

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