

TYPE	COUNTY	FILE

AFFIDAVIT FOR ORGANIZATIONAL TAX EXEMPTION

Pursuant to A.R.S. §§ 42-11101 through 42-11155

ORGANIZATION OR BUSINESS NAME

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

EXEMPTION TYPE:

- RELIGIOUS ORGANIZATION NON-PROFIT ORGANIZATION
- CHARITABLE ORGANIZATION EDUCATIONAL PROPERTY
- VETERAN'S ORGANIZATION CEMETERY

OTHER (SPECIFY TYPE) _____

CONTACT INFORMATION (Address if different than Applicant)		
Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone: (Applicant Phone #) _____		
REMARKS:		

NOTE: Signature must be notarized if not signed in the presence of Assessor's Office Personnel.

CODE	SEQ.	PROPERTY LIST	INT %	ASSD %	FULL CASH VALUE	ASSESSED VALUE	EXEMPT AMOUNT	LIMITED VALUE	ASSESSED VALUE	EXEMPT AMOUNT

I HEREBY CERTIFY THAT I HAVE READ OVER THE FOREGOING FACTS BEFORE SUBSCRIBING MY NAME HERETO, THAT THE MATTERS HEREIN STATED ARE ALL TRUE TO THE BEST OF MY KNOWLEDGE.

X _____
PROPERTY OWNER / AGENT DATE

X _____
DEPUTY ASSESSOR / NOTARY DATE MY COMMISSION EXPIRES