



Janesse Muscatelli
Deputy Tax Assessor

Finance Department
Office of Tax Assessment

APPLICATION FOR MOTOR VEHICLE TAX EXEMPTION

Please print or type the information requested. If additional space is needed, use additional sheets, numbering each item to correspond to the number of the question.

1. Name of Organization (Owner of Property) _____
2. Address of Property _____
3. Mailing Address (if different) _____
4. Phone number & Email Address _____
5. Year/Make/Model/Vin# _____ (if more than one, list each on additional sheet.)
6. License Plate _____ Type of Registration _____ (commercial, passenger, combo, etc)
7. Primary Use of Vehicles: _____
8. Type of organization (Religious, Charitable, Fraternal, Educational, Veterans' ,Library, etc
(Do Not indicate "non-Profit") _____
9. Under what section of statutes of public laws is exemption claimed? _____
10. Are the facilities, or any portion thereof, leased, rented or used by persons or organizations other than the applicant hereof? _____
If the answer is yes, explain in detail on a separate piece of paper: list each person and/or organization.
11. What are the sources of income of the applicant? (Membership dues, donations, Sale of goods, rental, etc. Please attach an itemized income statement listing amounts and sources in detail.
12. How are these monies expended? Please attach and itemized expense statement listing in detail how all the income is expended.
13. Is there any type of commercial establishment located on the premises? _____ If answer is yes, explain in detail.
14. Is a City or State license or permit required for any function or operation held, on or located on the premises and/or Vehicle? _____ If, yes please explain in detail.
15. When was the organization chartered? (Month, day, year) _____
16. Name and address of parent organization if different from 1&2. _____

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Elyse Pare
Tax Assessor



Jorge O. Elorza
Mayor

Janesse Muscatelli
Deputy Tax Assessor

**Finance Department
Office of Tax Assessment**

I, the undersigned, _____, holding this office of _____, in the above organization, do hereby swear or affirm that the answers to the above questions are true to the best of my knowledge and belief.

Signature of Authorized Officer

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public (Commission Expires: _____)

A COPY OF THE APPLICANT’S CHARTER, A CERTIFIED COPY OF THE SPECIAL ACT OF THE LEGISLATURE (IF ANY EXISTS), A COPY OF THE CONSTITUTION AND BY-LAWS WITH ALL AMENDMENTS AND TWO (2) YEARS OF INCOME AND EXPENSE STATEMENTS MUST BE SUBMITTED WITH THIS APPLICATION BEFORE IT WILL BE PROCESSED, MISSION STATEMENT, TITLE TO VEHICLE, AND REGISTRATION COPY. THE CITY ASSESSOR MAY ALSO REQUIRE ADDITIONAL INFORMATION IF IT IS DEEDMED NECESSARY

ALL APPLICATIONS FOR EXEMPTIONS MUST BE FILED WITH THE OFFICE OF THE CITY ASSESSOR NO LATER THAN MARCH 15TH PRIOR TO THE TAX YEAR/BILLING.

FOR OFFICE USE ONLY

Application received: Date _____

Property inspected: Date _____ By _____

Adjustment required: _____

Additional Information requested _____

Office interview held _____

Exemption: APPROVED _____ DENIED _____ REASON _____

APPLICANT NOTIFIED (DATE) _____ REAL ESTATE DEPT NOTIFIED _____

EXEMPT CODE _____ TANGIBLE DEPT NOTIFIED _____