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_____

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

CHECK EXEMPTION TYPE:

RELIGIOUS ORGANIZATION ☐ NON-PROFIT ORGANIZATION ☐

CHARITABLE ORGANIZATION ☐ EDUCATIONAL PROPERTY ☐

VETERAN'S ORGANIZATION ☐ CEMETERY ☐

OTHER (SPECIFY TYPE) ☐ _____

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

CODE	SEQ.	PROPERTY LIST	INT %	ASS'D %	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 OR NOTARY DATE MY COMMISSION EXPIRES