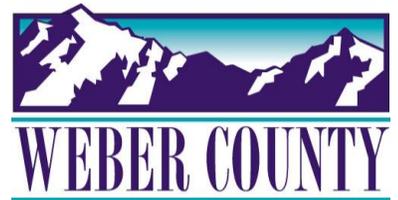


Weber County Board Of Equalization
2380 Washington Blvd., Suite 320
Ogden, UT 84401-1456
Phone: (801) 399-8400
Fax: (801) 399-8300



Annual Statement for Continued Property Tax Exemption

Name of Organization: _____

Type of Organization: _____

Property Address: _____

Schedule A – Real Property

A.1) Please list any newly acquired real property addresses and land serial numbers:

A.2) Please list any disposed real property addresses and land serial numbers:

A.3) Have there been any changes in the use of the properties since you last filed for exemption?

Yes [] No []

A.4) Does any person or the organization conduct business for profit on the properties?

Yes [] No []

A.5) Does any person or the organization use the real properties pay a fee greater than the cost of maintenance and utilities? Yes [] No []

A.6) Please identify the portion of your facility, which is not used exclusively for charitable purposes:

Schedule B- Personal Property

B.1) Please list any newly acquired personal property: _____

B.2) Please list any disposed personal property: _____

B.3) Have there been any changes in the use of the personal properties since you last filed for exemption?

Yes [] No []

B.4) Does any person or organization conduct business for profit by using the personal properties?

Yes []

No []

B.5 Is any personal property at this location being leased from or leased to another organization or person?

Yes []

No []

B.6) If yes, please list the name and address of the lessee: _____

Schedule C– Motor Vehicles

C.1) Please list any newly acquired motor vehicles including their make, model, year, and vehicle identification number: _____

C.2) Please list any disposed motor vehicles including their make, model, year, and vehicle identification number: _____

C.3) Does any person or organization conduct business for profit by using the motor vehicles?

Yes []

No []

C.4) Are any motor vehicles at this location being leased or rented from another organization or person?

Yes []

No []

C.5) If yes, please list the name and address of the lessee: _____

I certify that all the information herein, including any accompanying statements, is true, correct, and complete to the best of my knowledge and belief. I further certify that I am the authorized representative of the owner or the organization listed on the attached report.

Signature: _____ **Signature :** _____

Telephone Number (Day): _____ **(Evening):** _____

Mailing Address: _____

Contact Person & Email: _____

Name (Please Print): _____ **Telephone Number:** _____