

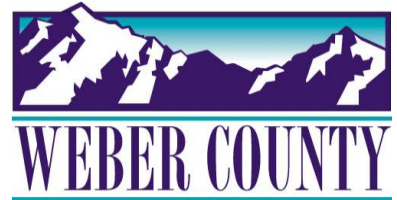
**Weber County Board Of Equalization**

2380 Washington Blvd., Suite 320

Ogden, UT 84401-1456

Phone: (801) 399-8112

Fax: (801) 399-8300



**Annual Statement for Continued Property  
Tax Exemption for year 2020**

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

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

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

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SCHEDULE A – REAL PROPERTY**

A1) Please list any newly acquired real property addresses and Parcel numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A2) Please list any disposed real property addresses and Parcel numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A3) Have there been any changes in the use of the properties since January 1, 2019?

Yes [  ]                      No [  ]

A4) Does any person or the organization conduct business for profit on the properties?

Yes [  ]                      No [  ]

A5) Does any person or the organization use the property **and** pay a fee which is greater than the cost of maintenance and utilities? Yes [  ]                      No [  ]

A6) Please identify the portion of your facility, which is not used exclusively for charitable purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE B – PERSONAL PROPERTY**

- B1) Please list any newly acquired personal property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- B2) Please list any disposed personal property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- B3) Have there been any changes in the use of the personal property since January 1, 2019?  
 Yes [ ]                      No [ ]
- B4) Does any person or organization conduct business for profit by using the personal property?  
 Yes [ ]                      No [ ]
- B5) Is any personal property at this location being leased from, or to another organization or person?  
 Yes [ ]                      No [ ]
- B6) If yes, please list the name and address of the lessee or the lessor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE C – MOTOR VEHICLES**

- C1) Please list any **newly acquired** motor vehicles including their make, model, year, and vehicle I.D. number (See Examples)

Year	Make	Model	Type of Vehicle	Vehicle I.D. Number (VIN #)	License Plate (Optional)
<i>1965</i>	<i>Dodge</i>	<i>Caravan</i>	<i>Passenger</i>	<i>123AB45678CD90</i>	<i>ABC123</i>
<i>2005</i>	<i>Yamaha</i>	<i>Bonneville</i>	<i>Street Motorcycle</i>	<i>YD564852</i>	<i>123ABC</i>

- C2) Please list any **disposed** motor vehicles including their make, model, year, and vehicle I.D. number (See Examples)

Year	Make	Model	Type of Vehicle	Vehicle I.D. Number (VIN #)	License Plate (Optional)
<i>1965</i>	<i>Dodge</i>	<i>Caravan</i>	<i>Passenger</i>	<i>123AB45678CD90</i>	<i>ABC123</i>
<i>2005</i>	<i>Yamaha</i>	<i>Bonneville</i>	<i>Street Motorcycle</i>	<i>YD564852</i>	<i>123ABC</i>

- C3) Does any person or organization use any of the vehicles in any for-profit activity?  
Yes [ ] No [ ]
- C4) Are any motor vehicles at this location being leased or rented from another organization or person?  
Yes [ ] No [ ]
- C5) If any of the above property is rented or leased, please provide the contact information (Name, Address, Telephone Number) of the Lessor below:

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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:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

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

Contact info if different from above: \_\_\_\_\_

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