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 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 / NOTARY DATE MY COMMISSION EXPIRES