



## APPLICATION FOR TAX EXEMPTION - REAL PROPERTY

*This short form is to be used if you have previously completed the long form and filed with the County all current documentation necessary for proof of property tax exemption based upon Idaho Code 63-602.*

**EARLY FILING DEADLINE is APRIL 1<sup>ST</sup> 2011** to allow the Assessor time to make any adjustments prior to the required June mailing of property valuations. **Applications received after Monday June 27, 2011, cannot be considered for a 2011 exemption.**

### **PART I - Ownership Verification**

Name of Applicant/Organization: \_\_\_\_\_

Address of Property Being Claimed: \_\_\_\_\_

Legal Description: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Date Property Was Acquired By Owner/Organization: \_\_\_\_\_

If Applicant Is **NOT The Legal Owner**, Explain Relationship/Affiliation To Owner:  
\_\_\_\_\_

### **PART II - Property Exemption Request**

Provide Specific Details & Examples of Principal Activities/Uses by Applicant Organization On Property Being Claimed: \_\_\_\_\_

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

List 2010 Meeting Dates of Board: \_\_\_\_\_

\_\_\_\_\_

Are there minutes available upon request? Yes  No

Attach a list of current Board Members.

From The List Below, Check The Idaho Statute Which Qualifies Applicant For Exemption:

63-602  63-602A  63-602B  63-602C

63-602D  63-602E  63-602F  63-602G

1. Has the use of the property changed since January 1, 2010? \*  YES  NO

2. Is the property, or any part, leased or rented to or from others? \*  YES  NO

3. Has the use of all or part of this property changed since your exemption last year? \*

YES  NO

\* If you answered yes to any of the above questions, please describe the situation in detail on a separate sheet of paper.

**Since last year**, have there been organizational changes to the following? If yes, please attach revised and/or new documents.

Articles of Incorporation YES  NO  By-Laws YES  NO   
Constitution YES  NO  IRS Ruling of 501 YES  NO

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**PART III - SOLID WASTE Fee Reduction Request**

On behalf of \_\_\_\_\_, I hereby request an adjustment to our  
*PRINT Name of Non-Profit*

Solid Waste User Fee based upon the following description of day-to-day operations on the property described above. *Refer to ID Code 31-870 and specifically the County criteria for guidance. Attach any and all appropriate documentation concerning your claim.*

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Based upon the above information we are requesting a reduction to:

- \$105.00 Residential Rate  
 \$ \_\_\_\_\_ Commercial Rate Based upon .15 cents per square foot with a maximum of \$500.00. Please provide verification of square footage.

**PART IV - Applicant Attestation**

Applicant Name (*please print*): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Board of Equalization Property Value Exemption: ACCEPT \_\_\_\_\_ DENY \_\_\_\_\_

County Commissioners Solid Waste Fee Reduction: ACCEPT \_\_\_\_\_ DENY \_\_\_\_\_

\_\_\_\_\_  
Signature Chairman of BOCC

DATE: \_\_\_\_\_

If you have questions call 1-208-354-8775.

**RETURN FORM & DOCUMENTS TO:** Teton County Commissioners  
150 Courthouse Drive, Room #109  
Driggs, ID 83422

**Email Documents to:** [commissioners@co.teton.id.us](mailto:commissioners@co.teton.id.us)

**Fax Documents to:** 1-208-354-8776