APPLICATION FOR CONTINUING TAX EXEMPT STATUS OF A PRIVATE ORGANIZATION
(SDCL 10-4-19)

APPLICATION MUST BE FILED WITH DIRECTOR OF EQUALIZATION BY NOVEMBER 1 FOR CONSIDERATION BY COUNTY BOARD OF EQUALIZATION THE FOLLOWING YEAR

STATE OF SOUTH DAKOTA )
) AFFIDAVIT OF CONTINUING TAX EXEMPT USE
County of ________________ )

TO THE COUNTY DIRECTOR OF EQUALIZATION:
NAME OF ORGANIZATION:________________________________________________________

MAILING ADDRESS:______________________________________________________________

____________________________________________________________

LEGAL DESCRIPTION: ____________________________________________________________

____________________________________________________________

(include lot, block, subdivision, etc.)

PARCEL NUMBER: ______________________________________________________________

LOCATED IN MUNICIPALITY/TOWNSHIP OF ______________________________________

I do hereby certify that the above described property has not changed in use or ownership during the past year, except as noted on the reverse side hereof and therefore request the status be declared:

(fully) (partially) ______% tax exempt for the year of 20 ______.

Dated this ____________ day of ___________________________ 20 ______.

Signature ______________________________

Title ______________________________

Subscribed and sworn to before me this _____ day of ___________________________ 20 ____.  

(Notary Public) (Auditor)

Reminder: Application must be made on an annual basis on or before November 1st.

PT 44 (5/02)