

**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)
)

County of _____)

AFFIDAVIT OF CONTINUING TAX EXEMPT USE

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.