



Application for New Property Tax Exemption
Washington County Board of Equalization
C/O Washington County Clerk-Auditor
111 E Tabernacle Street
St. George, UT 84770

This application should be used to apply for exemption from ad valorem (value-based) property tax. This application is required to be turned in within 120 days of property acquisition or March 1st of the following year.

Nonprofit Entity Information

Name of Organization (must match the recorded owner of the property)		EIN or Other Tax ID Number
Mailing Address		Utah Business Entity Number
City, State Zip		Tax Year
Contact Person Name	Email	Phone

Exemption Information

The organization is claiming an *exclusive use* exemption for the property contained in this application for the following purpose(s) per [UCA 59-2-1101](#):

- ☐ Religious Purpose ☐ Charitable Purpose ☐ Educational Purpose

Submission Documents

The following documentation is to be attached to and submitted with this application.

- ☐ Purpose Statement describing the purpose of the above-listed nonprofit organization. Mission statements, curriculum, enrollment, or other information should be attached as appropriate.
- ☐ Use Statement describing how the use of the property relates to the mission of the organization and the tax-exempt purpose checked above.
- ☐ Certified copy of the Articles of Incorporation of the nonprofit entity
- ☐ Current by-laws and/or other organizational information
- ☐ Copy of the 501(c)3 certification issued by the IRS
- ☐ Utah State Business Entity Registration
- ☐ Schedule A – Real Property; one schedule for each parcel of real property under consideration
- ☐ Schedule B – Personal Property used exclusively for religious, charitable, or educational purposes
- ☐ Schedule C – Financial Information (Charitable organizations ONLY)
- ☐ Schedule D – Vehicles owned by the organization and required to be registered with the DMV

Certification

I certify that all the information herein, including any accompanying attachments, is true, correct, and complete to the best of my knowledge. I further certify that I am an authorized representative of the organization and am authorized to sign this form.

Name (Printed)	Position or Title
Signature	Date

