



Application for New Property Tax Exemption  
Personal Property Schedule B  
C/O Washington County Clerk-Auditor  
111 E Tabernacle  
St. George, UT 84770

Complete a separate Schedule B for each property account under consideration.

**Property Information**

Owner of Record (must match the organization name)		Serial Number (where equipment is located)	
Address (where equipment is located)		*Personal Property Account Number	
Address City	Address State	Address Zip	

\*A personal property account number must be listed on the application. If your organization does not have an account number, please contact the Washington County Assessor's Office at 435-301-7020.

**Itemized list of Tangible Personal Property**

All questions in this section refer to tangible personal property (acquisition cost of greater than \$150 and critical to the operation of the organization). On a separate sheet, answer the following questions about the personal property account. On your answer sheet, please number and label your answers to the corresponding questions. Questions 4-6 do not apply to Religious or Educational organizations.

1. Complete list of all tangible personal property for which an exemption is requested. Equipment housed in a hospital is exempt from this requirement. The list should describe the use of each item or personal property, the acquisition cost, and the year the equipment was acquired.
2. Has the use of the equipment continued without significant interruption since the use began?  
☐ YES      ☐ NO
3. Is the equipment used exclusively at the address listed above?  
☐ YES      ☐ NO
4. Does any person/organization conduct business for profit by using equipment detailed in Question 1? ☐ YES  
☐ NO      If YES, attach a separate sheet describing this additional use.
5. Is any personal property at this location being leased/rented from another person/organization?  
☐ YES      ☐ NO
6. Is any personal property at this location being rented to any person/organization who pays a fee for that use that is greater than the cost of repair or replacement of the personal property?  
☐ YES      ☐ NO

**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

