



**Application for New Property Tax Exemption  
Vehicle Schedule D**

C/O Washington County Clerk-Auditor  
111 E Tabernacle  
St. George, UT 84770

Schedule D is only required if the organization owns or leases vehicles full-time.

**Nonprofit Entity Information**

Name of Organization		EIN or Other Tax ID Number
Contact Person Name	Email	Phone

**Motor Vehicle List**

List all motor vehicles for exemption that are required to be registered with the State that are located primarily in Washington County. This includes passenger cars, trucks, vans, motorcycles, campers, motor homes, travel trailers and other RVs, boats and watercraft, aircraft, and any commercial grade trucks and trailers. Attach additional pages if necessary.

License Plate #	Vehicle Type	Year	Make/Model	VIN/HIN

**Vehicles in Use Statement**

On a separate sheet, answer the following questions about your organization. On your answer sheet, please number and label your answers to the corresponding questions.

1. What are the activities or functions that each of the vehicles are used for?
2. What are the approximate hours per month that each vehicle are used for this purpose?
3. What is the date that each vehicle was placed into service?
4. Have all activities or functions listed continued without interruption since the vehicle was placed into service?
5. Is there any use of the vehicles or equipment listed other than what is described in Question 1? If yes, describe.
6. Are any of the vehicles listed rented or leased long-term for which the organization must pay an annual registration fee to the state? If yes, also answer:
  - a. The name and address of the vendor providing the vehicle to the organization.
  - b. A copy of the rental or lease agreement.
  - c. The monthly rental or lease cost.
  - d. The total number of months remaining in the rental or lease agreement.

**Submission Documents**

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

- ☐ Vehicles in Use Statement (described above)
- ☐ Motor vehicle list additional pages (if applicable)

**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