

RECEIVED



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

NOV 22 2017

FORM

To be filed with your county treasurer. Read instructions on reverse side.

LANCASTER COUNTY

457

Applicant's Name: Boys & Girls Clubs of Lincoln/Lancaster County

Street or Other Mailing Address: P.O. Box 22344

County: Lancaster

City: Lincoln, NE 68542

State: NE Zip Code: 68542

State Where Incorporated: NE

Type of Ownership

[X] Nonprofit Corporation

[] Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include Executive Director (Andy Larson) and Board President (Jessica Erstad).

DESCRIPTION OF THE MOTOR VEHICLES

Attach an additional sheet, if necessary.

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, if Newly Purchased. Row 1: Ford Econoline, 2003, Mini Bus, 1FDXE45F63HA41951, 12/6/2016.

Exempt Uses of Motor Vehicle:

- Aggricultural/Horticultural, Educational, Religious, Charitable, Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Our 2003 Ford mini-bus is used daily for transporting youth from school to the Boys & Girls Clubs of Lincoln. Also, the bus is utilized for transporting club members to fieldtrip opportunities around the community.

Are the motor vehicles used exclusively as indicated?

[X] YES [] NO

If No, give percentage of exempt use: %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

[Handwritten Signature]

Title

Executive Director

Date

11/15/2017

FOR COUNTY TREASURER RECOMMENDATION

[X] APPROVAL

COMMENTS:

[] DISAPPROVAL

Signature of County Treasurer

[Handwritten Signature]

Date

11-17-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

[] APPROVAL

COMMENTS:

[] DISAPPROVAL

Authorized Signature

Date

[Handwritten initials]



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

• To be filed with your county treasurer.
• Read instructions on reverse side.

Applicant's Name Grace Lutheran Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2225 Washington ST		County Lancaster	
City Lincoln	State NE	Zip Code 68502	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Curt Mann, 4823 S 48 ST, Lincoln, NE 68516
Vice President	Karen Billings, 831 S 45 ST, Lincoln, NE 68510
Treasurer	Jim Krueger, 900 S 51 ST, Lincoln, NE 68510
Secretary	Carla Ingersoll, 3300 Watercrest LN, Lincoln, NE 68504

DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Chevrolet	2013	Champion 15 pass bus	1GB3G3BG1D1122570	Nov. 2013

Exempt Uses of Motor Vehicle:


Agricultural/Horticultural Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
Church services and other church sponsored activities

If No, give percentage of exempt use:
_____ %

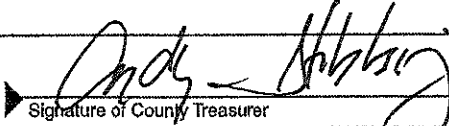
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here  Parish Administrator Nov. 14, 2017
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

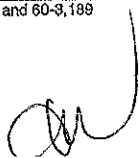
 Signature of County Treasurer 11-15-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ Authorized Signature _____ Date





Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.
• Read instructions on reverse side.

**FORM
457**

Applicant's Name Madonna Rehabilitation Hospital			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5401 South Street		County Lancaster	
City Lincoln	State NE	Zip Code 68502	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President and CEO	Paul Dongilli, 5401 South Street, Lincoln NE 68506
Chief Financial Officer	Victor Witkowitz, 5401 South Street, Lincoln NE 68506

DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
See attached list				

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Licensed by the state of Nebraska as a Rehabilitation Hospital. Madonna provides rehabilitation, Long Term Care and Nursing Home services. Madonna also provides community medical transportation. These services are provided as a non-profit organization as described in 501(C)(3) of the IRS code.

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here _____ Title **General Counsel** Date **12/4/2017**
Authorized Signature

FOR COUNTY TREASURER RECOMMENDATION	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Signature of County Treasurer	Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Authorized Signature	Date

CHW

Madonna Rehabilitation Hospital
 5401 South Street, Lincoln, NE 68506
 2016 Vehicle Tax Exemption List

MAKE	YEAR	MODEL	VIN #	2017 Plate #
Dodge	2014	GSX	2C4RDGCG0ER328447	2524
Chevrolet	2014	Impala LTZ	2G1155S33E9160454	2025
Ford	1995	Taurus	1FALP52U6SG120682	2001
Buick	2003	CCU	2G4WS52J931182776	2009
Ford	2014	E350 SD	1FDWE3FL8EDA13010	2015
Chevrolet	2014	Handicap Van	1GB3G3BG8E1165501	UGV033
Chevrolet	2013	Express Van	1GAWGRFA9D1191940	UGV023
Chevrolet	2014	Handicap Van	2C7WDGBG2ER220354	2010
Ford	2010	E4FF	1FDFE4FS5ADB00774	UGV031
Ford	2013	E450	1FDFE4FS1DDA23065	UVG021
Ford	2004	E35	1FDWE35S04HB50751	UGV025
Ford	2004	E35	1FDWE35S44HB50753	UVG024
Ford	2006	E350 - E450	1FDXE45S06DA40562	UGV026
Chevrolet	1999	ALS	1GBJG31J1X1004236	UGV020
Ford	2006	E350 - E450	1FDXE45S36DA40569	UGV027
Ford	2008	E450	1FD4E45S48DB56840	UVG028
Ford	2004	E350	1FDWE35S24HB50752	2011
Ford	2010	E450	1FDFE45S09DA01060	UGV030
Ford	2010	E4FF	1FDFE4FS9ADB00776	UGV032
Ford	2013	E450	1FDFE4FS3DDA23066	UGV022
Ford	2000	4DC	1FDXE45S6YHA76073	UGV029
Ford	2017	E450	1FDFE4FS3HDC527871	UGR 969
Ford	2014	Fusion	3FA6P0HD3ER136052	2007
Ford	2015	Fusion	3FA6P0HD0FR127617	2004
Ford	2015	Fusion	3FA6P0HD9FR182759	2005
Ford	2016	Fusion	3FA6POHD6GR264305	2006
Ford	2017	Fusion	3FA6P0HD9HR254367	
Chrysler	2001	Town & Country	2C8GP54391R331029	2008
Dodge	2008	Caravan	2D8HN44H78R770954	2012
Chevrolet	1992	GK2	1GCFK24K0NZ176027	2016
Ford	2012	F250	1FTBF2B60CED17014	2017
Chevrolet	1998	GK2	1GCGK24R3WE176890	2013
Hyundai	2009	Sonata	5NPET46C89H477121	2002
GMC	2009	C25 Full Size	1GTHK44K49E119881	2019
Buick	2008	LaCrosse	2G4WD582X81257342	2003
Ford	1999	E350	1FBSS31L2XHC00455	UVG019
Ford	2011	Fusion	3FAHP0JG7BR245204	2014
Ford	2011	Fusion	3FAHP0JG9BR225858	2013



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NOV 22 2017 FORM

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LANGASTER COUNTY 457 CLERK Type of Ownership

Applicant's Name

NEBRASKA LUTHERAN CAMPUS MINISTRY CORPORATION

Street or Other Mailing Address

4770 Randolph St. Lincoln NEB 68521

County

Langaster

State Where Incorporated

NEBRASKA

Nonprofit Corporation

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Beth Ann Leichtenberger Stone), Treasurer (Jordan Rasmussen), Secretary (Rogey L. Sasse), and Ex Director (Jon Fredricks).

DESCRIPTION OF THE MOTOR VEHICLES

Attach an additional sheet, if necessary.

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, if Newly Purchased. Row 1: Chevrolet, 2015, Malibu LT, 1G11C5SL6FF15159, 12.17.2014.

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural, Educational, Religious, Charitable, Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:

Executive Director State-wide Administrative and fund-raising travel for NEB Lutheran Campus Ministry Corporation. Thank you.

If No, give percentage of exempt use: %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

Title

Date

11/13/2017

FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL, DISAPPROVAL

COMMENTS:

Signature of County Treasurer

Date

Signature of County Treasurer: Andy Stibny

Date: 11-17-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL, DISAPPROVAL

COMMENTS:

Authorized Signature

Date

Handwritten initials



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

• To be filed with your county treasurer.
• Read instructions on reverse side.

Applicant's Name: Northern Lighthouse

Street or Other Mailing Address: 6141 N. 14th St

City: Lincoln, NE State: NE Zip Code: 68521

County: LANCASTER COUNTY State Where Incorporated: NE

Type of Ownership:
 Nonprofit Corporation
 Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>Sam Keyzer</u>	<u>1730 meadow park Cir Lincoln, NE 68521 Pastor</u>
<u>Karen Keyzer</u>	<u>1730 meadow park Cir Lincoln, NE 68521 Treasurer</u>
<u>Jeff Hecksperk</u>	<u>1045 S. 13th Lincoln, NE 68508 Assoc Pastor</u>
<u>Jodie Wilbur</u>	<u>2927 Dudley Lincoln, NE 68503 Board Member</u>

DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
<u>Ford Econoline</u>	<u>2002</u>	<u>e450 Van</u>	<u>1fdxe45522had1400</u>	<u>NOV 2017</u>

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Transport people to & from worship services & other church related activities

Are the motor vehicles used exclusively as indicated?

- YES
 NO

If No, give percentage of exempt use:

_____%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Karen Keyzer
Authorized Signature

Treasurer
Title

11-17-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibing
Signature of County Treasurer

11-17-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

AKW



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

RECEIVED

NOV 22 2017

FORM 457

Applicant's Name
Our Lady of Guadalupe Seminary

Street or Other Mailing Address
Post Office Box 147

City
Denton

State
NE

Zip Code
68339

County
LANCASTER COUNTY

Clerk
Lancaster

State Where Incorporated
Connecticut

Type of Ownership

Nonprofit Corporation

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Fr. John Berg, 450 Venard Road, South Abington Township, PA 18411
Vice-President	Fr. Josef Bisig, 7880 W. Denton Road, Denton, NE 68339
Secretary	Fr. Gerard Saguto, 450 Venard Road, South Abington Township, PA 18411
Treasurer	Fr. Simon Harkins, 450 Venard Road, South Abington Township, PA 18411

DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Chevrolet	2004	passenger van	1GAHG39U141135292	10/29/08
Chevrolet	2007	passenger van	1GAHG39U371154625	6/1/13
Dodge	2001	passenger van	2B5WB35Z71K527295	2/8/02
GMC	1999	passenger van	1GJHG39R8X1043287	10/23/08
Chevrolet	1997	K-3500 flat-bed truck	1GBJK34JXVF054420	9/24/10

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

_____ %

Give detailed description of use, including an explanation if multiple use classifications exist:

VANS/CARS - Transport priests/seminarians to church/charitable work locations. Transport guests, priests and other religious persons to/from the Seminary.

TRUCKS - Hauling, trailering, snow plowing and moving of Seminary goods.

TRAILER - For landscape work on Seminary grounds and transporting equipment for repairs.

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Dennis H. ...
Authorized Signature

Business Manager

11/20/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS:

Andy Stibbing
Signature of County Treasurer

11-17-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS:

Authorized Signature

Date

W

Form 457

Application for Exemption from Motor Vehicle Taxes

Our Lady of Guadalupe Seminary

20 November 2017

Page two

<u>Make</u>	<u>Model Year</u>	<u>Body type</u>	<u>VIN</u>	<u>Date Acquired</u>
Ford F-250	1999	pickup truck	1FTNF21F2XEBS2135	10/23/00
Honda Odyssey	2002	mini-van	2HKRL18652H578713	05/08/12
Honda Odyssey	2002	mini-van	2HKRL18072H502227	05/08/12
Nissan Altima	2014	4-door sedan	1N4AL3AP5EC292961	06/30/14
Subaru Crosstrek	2016	4-door hatchback	JF2GPAKC8G8294459	02/27/17
Toyota Prius	2017	4-door hatchback	JTDKBRFU6H3031989	03/07/17
Toyota Sienna	2017	mini-van	5TDKZ3DC3HS799611	03/07/17
MNFD	1995	4-wheel flatbed trailer	NA	06/07/12



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM 457

To be filed with your county treasurer.
Read Instructions on reverse side.

Applicant's Name: Sheridan Lutheran Church

Street or Other Mailing Address: 6955 Old Cheney Road

City: Lincoln State: NE Zip Code: 68516 County: Lancaster State Where Incorporated: Nebraska

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President of Council	Jeanne McClure 2508 Kathbone Rd Lincoln NE 68502
V.Pres of Council	Darin Sperling 18855 High Prairie Place Boca NE 68430

DESCRIPTION OF THE MOTOR VEHICLES

Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Pace	2006	2WH	H7ZF812186X041559	12/16
maxi	2007	2WH	1H9AB12117H260001	12/16
Ford	2016	Coaster Coach	1FDEE3FL6GDC28240	12/16

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

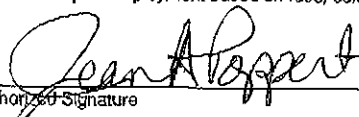
Vehicles used exclusively for transportation to and from religious services or mission work or for work on church property.

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____%

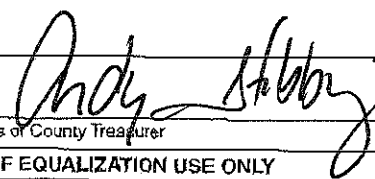
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here  Jeanne A. Poppert Director of Business & Finance 11/13/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

 Andy Shippy Signature of County Treasurer 11-15-17 Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

Authorized Signature _____ Date _____



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

To be filed with your county treasurer.
Read instructions on reverse side.

FORM 457

Applicant's Name: ST MARKS United Methodist Church

Street or Other Mailing Address: 8550 Pioneers Blvd

City: Lincoln State: NE Zip Code: 68520

County: Lancaster State Where Incorporated: NE

Type of Ownership:
 Nonprofit Corporation
 Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Trustees, Chair	Debra Fisher 3210 S 79th St Lincoln NE 68506
Leadership Team, Chair	Robert Reynoldson 3500 Finethorn Ter Lincoln NE 68520
Finance Chair	Bus Dorn Busch 6521 Everett St Lincoln NE 68526
Finance Officer	Dana Hamm 547 Pier 2 Lincoln NE 68528

DESCRIPTION OF THE MOTOR VEHICLES

Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
C-2045 Van Hool	2001	Bus	YE2CC12BX12045693	12/16
Thomas 130	1996	Bus	1T15R2B20T1140248	12/16
Ford Focus Wagon	2005	Bus	1FB5531L95HB47556	12/16
Chevy Silverado	2004	Pickup Truck	1BCHK241194E240579	12/16
Chrysler Town+Country	1998	Mini Van	1C4GP541L3W1B743292	12/16

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

_____%

Give detailed description of use, including an explanation if multiple use classifications exist:

Chevy Pickup used to haul donated furniture, landscaping materials and parking lot snow removal. all other vehicles used exclusively to transport Church members, guests and staff to Church sponsored events.

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Dana Hamm
Authorized Signature

Finance Officer
Title

11-17-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stoby
Signature of County Treasurer

12-2-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filled with your county treasurer.
• Read instructions on reverse side.

FORM 457

Applicant's Name ST MARKS United Methodist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 8550 Pioneer Blvd		County Lancaster	
City Lincoln	State NE	Zip Code 68520	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
	See Page 1

DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Bear	1982	Canoe Trailer	Untitled	12/16
Homemade	2003	Enclosed Utility Trailer	Untitled	12/16
Sharp	2013	6x14 Cargo Trailer	1S9BE1426D1870662	12/16

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

- YES
 NO

Give detailed description of use, including an explanation if multiple use classifications exist:

all trailers used to haul Boy Scout Equipment + Canoes.

If No, give percentage of exempt use:

%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

James Haman
Authorized Signature

Finance Officer
Title

11-17-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shiban
Signature of County Treasurer

12-2-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

Handwritten initials