OTC 987

State of Oklahoma APPLICATION FOR AD VALOREM TAX EXEMPTION FOR RELIGIOUS ENTITIES

Tax Year 2016

Revised 11-2015

County

PLEASE PRINT OR TYPE

EXEMPTION: All property used exclusively and directly for fraternal or religious purposes within this state. Ref. Title 68, O.S. 2887(7)				
NAME OF RELIGIOUS ORGANIZATION:				
Name:	Phone Number:	Phone Number: ()		
Mailing Address:				
Email Address:				
Name of Person Preparing Application:	Title:			
May provide a copy of IRS Section 501(c)(3) and	d your filing with Oklahoma S	Secretary of State.		
IDENTIFICATION OF REAL AND PERSO	NAL PROPERTY:			
Owner of Record:				
Physical Address:				
Legal Description:				
Record of Deed: Date	Book	Page		
Property used as?				
Does this Religious Organization have personal pro If yes , attach a list of personal property being claim		No		
Is all personal property on the attached list owned l	by the organization? Yes	No		
If no , please explain:				

PROPERTY USAGE: You must provide a v		ı question a	isked.
Explain exact usage of the real and or person	nal property being claimed exempt:		
2. Explain exact usage of all income from the re	eal and personal property being claimed exe	mpt:	
Does the facility applying for the exemption of the	pagrata without profit or private advantage to	ite ownere	and the
officials in charge?	perate without profit of private advantage to	its owners	and the
,			
PLEASE ATTACH A COPY OF ALL DO	CUMENTS WHICH SUPPORT THIS	APPLICAT	TION FOR
EXEMPTION. (Example: articles of incorporate	on, bylaws, resolutions, income-expense st	atements, re	ent rolls,
deeds, contracts, leases, etc.)	nd your filing with Oklohoma Socratory	of State	
May provide a copy of IRS Section 501(c)(3) a Please provide the name of person who may be			
Name:			
Address:		-	
City:		7in:	
Phone Number: ()		_ Zip	
i none ramber. ()			
Affidavit			
l, be	eing duly sworn, upon oath, under penalty of perjo	ury do hereby	depose and
say that I am (Title)	, of	or	ganization; tha
as such I am acquainted with the books, accounts, and correct and complete, and that all information requested		ng statements	s to be true,
(68 O.S. § 2945 provides penalties for false oaths).			
Signature:			
_			
Subscribed and sworn to before me this			
My commission expires:	,		
	, Notary Public	Nota	ary Seal
Accesson Her Only A. II. II.			School
ASSESSOR USE ONLY Application for	or Exemption: [] Approved [] Disa	approved	District
Assessor/ Deputy:	sor/ Deputy: Date:		
Account Number:			