



PAYETTE COUNTY
RE-APPLICATION FOR EXEMPT STATUS

PLEASE HAND-DELIVER, MAIL OR FAX A SIGNED COPY TO:
 Payette County Assessor
 1130 Third Ave N – Room 102
 Payette, ID 83661
 (208) 642-6012
 Fax (208) 642-6040

OWNER INFORMATION

1. Date of Application: _____ / _____ / _____
Month Day Year
2. Parcel Number: _____
3. Organization Name: _____
4. Legal Owner of Property: _____
5. Address, City, State, Zip of the Property: _____

USE

6. Is any portion of this property leased or rented? _____ Yes _____ No
If yes, please explain on a separate sheet of paper
7. Please describe use of property: _____

8. Under which section(s) of Idaho Code are you seeking tax exemption?

_____ Idaho Code § 63-602b*	Religious Corporations or Societies
_____ Idaho Code §63-602c*	Fraternal, Benevolent or Charitable Societies**
_____ Idaho Code §63-602d*	Certain Hospitals
_____ Idaho Code §63-602e*	Property used for School or Educational Purposes
_____ Idaho Code § _____	Other (fill in the appropriate code citation)

**Please enclose Articles of Incorporation or By-Laws if changed from last year*
****INCOME AND EXPENSE STATEMENTS REQUIRED for Fraternal, Benevolent or Charitable Exemptions**

CONTACT INFORMATION

9. Contact Person: _____
10. Mailing Address: _____
11. Daytime Telephone Number: (_____) _____ - _____

SIGNATURE

12. I CERTIFY, to the best of my knowledge and belief, the information provided herein is true and correct. I also certify that the information regarding ownership and use as stated as of January 1 of current year is true and correct.

_____ / _____ / _____
 Applicant's Signature Month Day Year