

APPLICATION FOR PROPERTY TAX EXEMPTION

For Rural Health Care Facility

Exemption for _____ tax year

• **File with your county assessor on or before April 1.**
See Oregon Laws 2001, Chapter 642.

FOR ASSESSOR'S USE ONLY			
Date Received			
Organization Name		Telephone Number ()	
Organization Address		Account No.	
City		Late Filing Fee \$	
State		<input type="checkbox"/> Approved <input type="checkbox"/> Denied Exemption begins in tax year 20 _____ - _____	
ZIP Code		By _____	
Name of Applicant			Telephone Number ()
Mailing Address (if other than organization address)		City	State ZIP Code

PROPERTY DESCRIPTION	
Assessor's Account Number (as shown on property tax statement)	Name of Property Owner
Property Address (street address, city)	

FACILITY INFORMATION	
Attach a copy of resolution or ordinance.	
Date construction, erection, or installation is to start:	_____
Date facility will be in service to provide medical service:	_____

PERSONAL PROPERTY						
Personal property is machinery and equipment which is readily movable. It is generally unattached in any way to a building or structure and is also not connected to other real property machinery and equipment. Attach additional pages if necessary.						
Owned / Leased (check one)	Make / Model / Type	Serial Number	Purchase Date	Purchase Price	Date Installed	Date In Use
<input type="checkbox"/> Owned <input type="checkbox"/> Leased						
<input type="checkbox"/> Owned <input type="checkbox"/> Leased						

REAL PROPERTY MACHINERY AND EQUIPMENT						
Real property machinery and equipment is machinery and equipment that is not easily movable. Machinery and equipment means any property used in the business activity or process except land, buildings, and structures. It does not include furniture, commercial fixtures, or structural components of a building such as standard wiring, plumbing, heating or cooling systems. Attach additional pages if necessary.						
Owned / Leased (check one)	Make / Model / Type	Serial Number	Purchase Date	Purchase Price	Date Installed	Date In Use
<input type="checkbox"/> Owned <input type="checkbox"/> Leased						
<input type="checkbox"/> Owned <input type="checkbox"/> Leased						

BUILDINGS AND STRUCTURES	
New building or structure and addition to or modification of an existing building or structure: (check one)	
<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Both—Describe: _____	

LATE FEE	
If this form is filed after April 1, the late filing fee must accompany the form. The late filing fee is one-tenth of one percent of the real market value, or \$200.00, whichever is greater . A late fee is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION	
I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document (including any accompanying attachments and statements) and to the best of my knowledge, it is true, correct, and complete.	

Name (please print or type)	Title	Signature X	Date
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