



Exemption Application for Cemetery, Charitable, Educational, Hospital or Religious Purposes

Owner of Record: _____

Mailing Address of Applicant: _____

Physical Address of Applicant: _____

Telephone No.: _____ Contact Person: _____

Description of Property: _____

Street Address of Property: _____

Acquisition Date: _____ Property Account # (PAN) _____

Describe the current use of the property (attach additional pages if necessary):

Describe the intended use of the property if different from above and the type of Exemption sought (attach additional pages if necessary):

Certification:

I AFFIRM, UNDER PENALTY OF LAW,¹ THAT ALL OF THE INFORMATION AND ANSWERS I HAVE ENTERED ON THIS FORM AND ON ANY SUPPORTING DOCUMENTATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date: _____ Signature: _____

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 201__.

Notary Public in and for Alaska

Commission Expires: _____

1 FNSBC 8.08.020.C. If anyone knowingly makes any false representations in any submission to the borough related to an initial application for or review of a tax exemption or deferral under this chapter and Chapter 8.12 FNSBC, that person shall be punished by a fine of \$1,000. (Ord. 2013-65 § 4, 2013; Ord. 2005-62 § 3, 2005; Ord. 2005-23 § 2, 2005. 2004 Code § 3.10.020.)