

File with Your
County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

Date 11/3/21

FORM

457

• Read Instructions on reverse side.

Name of Organization DODGE COUNTY HEAD START		Tax Year 2021	
Name of Owner of Property MIDLAND UNIVERSITY		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address PO BOX 244		Contact Name STEPHANIE KNUST	Phone Number 4027219022
City FREMONT	State NE	Zip Code 68025	Email Address SKNUST@DCHEADSTART.COM

Type of Ownership

Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
STEPHANIE KNUST	DIRECTOR	PO BOX 244 FREMONT NE 68025

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
MICRO BIRD PLATE 0537	2010	BUS	1GB6G3AG7A1132370	
BLUE BIRD PLATE 0520	2005	BUS	1GBJG31U241150585	

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give a detail description of the use of the motor vehicle:

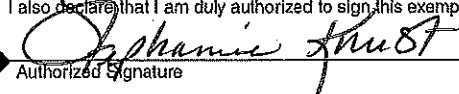
FEDERALLY FUNDED COMPREHENSIVE PRE SCHOOL PROGRAM SERVING PRE SCHOOL CHILDREN AND FAMILIES IN DODGE COUNTY

Are the motor vehicles used exclusively as indicated? (see instructions)

YES NO

If No, give percentage of exempt use: _____ %

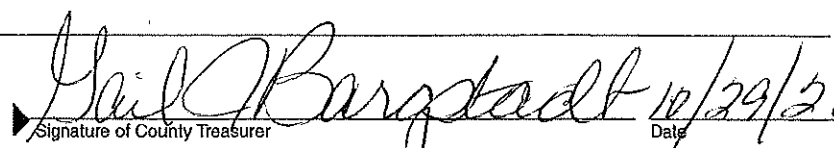
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  _____ Title Director Date 11/13/2020

For County Treasurer Recommendation

Approval Denial

Comments: _____

 _____ Date 10/29/21

For County Board of Equalization Use Only

Approval Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member _____ Date _____

Please retain a copy for your records.