

File with Your County Treasurer

Application for Exemption Date 9/7/22 from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM

457

Read instructions on reverse side.

Form with fields: Name of Organization (THREE RIVERS PUBLIC HEALTH DEPARTMENT), Tax Year (2022), Value of Motor Vehicles, Name of Owner of Property, County Name (DODGE), State Where Incorporated, Street or Other Mailing Address (2400 N LINCOLN AVE), Contact Name (Terra Whing), Phone Number (402-727-5396), City (FREMONT), State (NE), Zip Code (68025), Email Address (terra@3rphd.org), Type of Ownership (Educational Organization checked).

Table with 3 columns: Name, Title of Officers, Directors, or Partners, Address, City, State, Zip Code. Rows include Terra Whing (Executive Director) and Sofia Toben (Manager of Business Operations).

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, if Newly Purchased. Row 1: INTERSTATE WEST, 2021, TRAILER, 4RAVS2422MC054781.

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

Give a detailed description of the use of the motor vehicle: Public Health Services. Are the motor vehicles used exclusively as indicated? NO.

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. Sofia Toben, Manager of Business Operations, 8/30/2022.

For County Treasurer Recommendation. Approval checked. Comments: Phil Burstadt, Signature of County Treasurer, 8/30/22.

For County Board of Equalization Use Only. 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.