ž **		T.		Agenda	Item #	28	
File with Your	Applica	ation for	Exempt	i Date	5/31/23	FORM	
	om Motor Vehicle Tax		ing Nonprof		ons	457	
Name of Organization		· Ta	x Year		Value of Motor \	/ehicles	
Grants Wishes			2023 2000,00			0,00	
Name of Owner of Property	·- 0	7.200	ounty Name		State Where Inc	- Lite	
Street or Other Mailing Address	ent		ontact Name		Phone Number	5p	
Fremont.	no 28	7025		nacrard	110	719-00	
City	State		nail Address		1	eem	
Type of Ownership					Ŏ	pere e a ni o e ve	
Agricultural and Horticultural Society	Educational Organiza	tion	ous Organization	Charitable	Organization	Cemetery Organization	
Name	Title of Officers, Directors, or Partners	or Partners		Address, City, State, Zip Code			
Crants Wishes	Theresa man	der	1825	nkeel	2.6		
		iption of the Mo an additional she		·			
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Number		Registration Date or Date of Acquisition, if Newly Purchased	
SEE ATTACHED	2102	110.0	1043	N 1 / 50 0 0	(1. 20		
Chave Astro	2000	Van	1610	DMAWOO	BIZPOI		
Motor Vehicle described above is used in the f Agricultural and Horticultural Society	· — -	se mark the applicat	ole boxes):  Charitable		Are the motor veh as indicated? (see	icles used exclusively instructions)	
Give a detailed description of the use of the n		neligious	Chantable	Cemetery		P. (2007) (1997) (1997) (1997) (1997) (1997)	
		1-1-0	d		YES	NO	
used to rescue/ neglected dogs	gransport 1	ubused	9		, , , , , , , , , , , , , , , , , , ,	ent (an ang Pagare at the ang Pagare	
regiected dogs	>				KORO I	age of exempt use:	
* (					%	•	
s"							
						s <b>-</b> ×	
l aled declare that I am duly au	clare that I have examined this e	exemption application	and, to the best of	my knowledge and	oelief, it is correct ar	nd complete.	
sign // /////	W Museul						
here Authorized Signature	, we care	Title			Date		
	For Cou	nty Treasurer Rec	ommendation				
Approval	Comments:	-	и:				
☐ Denial	***************************************	10					
		( lain	14.	D	1	A STATE	
		Mark	X XV	10xxx	A A	5/2/0/23	
		Signature of Count	\$ (50)			Date	
		y Board of Equali					
Approved	If the County Bo	If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.					
☐ Denied	Observation .		****				
		I declare that to of Equalization is co				nade by the County Board	
	8	Anthre menopeliti (1910 e 1965)	<u>•</u>	27			
		Signature of County	Board Member			Date	