

File with Your  
County Treasurer

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations #

40 FORM  
457

• Read instructions on reverse side.

Agenda Item #

Date JAN 15 2020

Name of Organization <b>REBUILDING TOGETHER, PLATTE VALLEY EAST INC</b>		Tax Year <b>2020</b>
Name of Owner of Property <b>REBUILDING TOGETHER, PLATTE VALLEY EAST INC</b>		County Name <b>DODGE</b>
Street or Other Mailing Address <b>445 E 1ST STREET</b>		State Where Incorporated <b>NE</b>
City <b>FREMONT</b>	State <b>NE</b>	Phone Number <b>402-727-7047</b>
Zip Code <b>68025</b>	Contact Name <b>Brad Wiese</b>	Email Address <b>brad@rebuildingtogetherpve.org</b>

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
BRADLEY WIESE	EXEC DIRECTOR	445 E. 1st st., Fremont, NE 68025
CYNTHIA LAMPRECHT	BOARD PRESIDENT	2231 Park Place Dr., 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
CARR 5937	2015	TRAILER	4YMCL1210FM003690	4-16-15
CHEV 5932	2000	SILVERADO	1GCEK19T8YE329935	6-2-15
C&M 6482	2019	TRAILER	5VNBU1627KT204298	4-10-19
H&H 5941	2019	TRAILER	5JWDD1224KN525122	8-8-19

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:  
**VEHICLE & TRAILER ARE USED TO TRANSPORT TOOLS & MATERIAL TO JOB SITES  
OUR MISSION IS TO PROVIDE CRITICAL HOME REPAIR/MODIFICATINS TO HOMES OF LOW  
INCOME ELDERLY/DISABLED INDIVIDUALS/FAMILIES SO THAT THEY CAN SAFELY STAY IN  
THEIR HOMES**

Are the motor vehicles used exclusively as indicated?  
 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** Brad Wiese Executive Director 1-3-20  
Authorized Signature Title Date

**For County Treasurer Recommendation**

Approval     Approval of a Portion     Denial

Comments: \_\_\_\_\_

Phil Burgstadt 1-7-2020  
Signature of County Treasurer Date

**For County Board of Equalization Use Only**

Approval     Approval of a Portion     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.**