

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Name of Organization THREE RIVERS PUBLIC HEALTH DEPT			Tax Year 2021	
Name of Owner of Property			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 2400 N LINCOLN AVE			Contact Name TERRA UHING	Phone Number 4027275396
City FREMONT	State NE	Zip Code 68025	Email Address sofia@3rphd.org	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input checked="" type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
TERRA UHING	EXECUTIVE DIRECTOR	
RYAN PRESIDENT	BOARD PRESIDENT	

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
RAM 1500 <i>4460</i>	2021	PICKUP	1C6RFBT1MN606237	04/28/2021

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

Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

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

YES
 NO

If No, give percentage of exempt use: _____ %

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

USED TO DISTRIBUTE VACCINE

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 *[Signature]*
x Terra Uhing
5/3/2021
Authorized Signature Title Date

For County Treasurer Recommendation

Approval
 Denial

Comments: _____

[Signature] *5-20-21*
Signature of County Treasurer Date

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.