

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Name of Organization Methodist Fremont Health		Tax Year 2021	Value of Motor Vehicles
Name of Owner of Property		County Name Dodge	State Where Incorporated
Street or Other Mailing Address 450 East 23rd Street		Contact Name Kathy Bloch	Phone Number 402-727-3381
City Fremont	State NE	Zip Code 68026	Email Address Kathy.Bloch@nmhs.org

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
Brett Richmond	Pres & CEO	450 East 23rd St Fremont, NE 68026

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
Toyota	2020	Sienna LE	5TDKZ3DC5LS030861	8/31/2021

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

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

Transportation of patients to and from facilities

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

Kathy Bloch
Authorized Signature

President & CEO

9/10/2021

Title

Date

For County Treasurer Recommendation

Approval

Denial

Comments: _____

Neil J. Bergstad
Signature of County Treasurer

9-24-21
Date

For County Board of Equalization Use Only

Approved

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.