

County Treasurer

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

457

• Read instructions on reverse side.

Name of Organization The Salvation Army	Tax Year 12/2023 - 12/2024	Value of Motor Vehicles 32,564
Name of Owner of Property The Salvation Army	County Name Dodge	State Where Incorporated NE
Street or Other Mailing Address 707 I St.	Contact Name Lt. Oscar Ozuna	Phone Number 402.721.0930
City Fremont	State Ne	Zip Code 68026
Email Address oscar.ozuna@usc.salvationarmy.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
Oscar Ozuna	Lt.	707 I St. Fremont, NE 68026
Alexnadra Ozuna	Lt.	707 I 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
Subaru Ascent	2024	SUV - CVT	4S4WMAADX R3402234	11/28/23

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 detailed description of the use of the motor vehicle:

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.

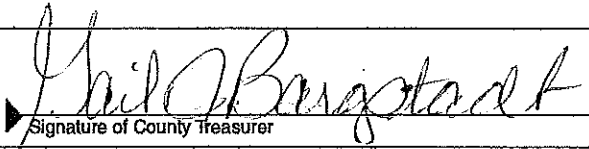
sign here  _____ Lt. _____ 12/01/23

Authorized Signature Title Date

For County Treasurer Recommendation

Approval Denial

Comments: _____

 _____ 1-2-24

Signature of County Treasurer 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 _____