

Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM

457

File with Your
County Treasurer

• Read instructions on reverse side.

Name of Organization Dodge County Head Start		Tax Year 2024	Value of Motor Vehicles
Name of Owner of Property Midland University / Dodge County Head Start		County Name Dodge	State Where Incorporated
Street or Other Mailing Address 1024 W. 23rd St. / P.O. Box 244		Contact Name Kristen Fagan	Phone Number 402-721-9022
City Fremont	State NE	Zip Code 68025	Email Address kfagan@dcheadstart.com ✓

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
Kristen Fagan	Director	P.O. Box 244, 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
See Attached				

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)

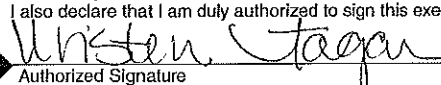
YES NO

If No, give percentage of exempt use: _____ %

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

Transportation to and from pre-school at Dodge County Head Start.

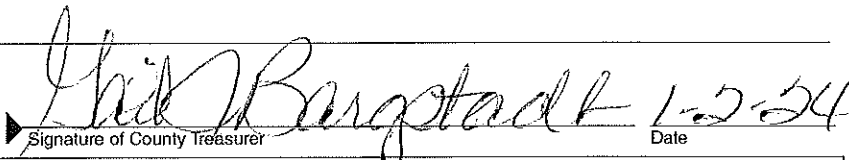
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  _____ Title **Director** Date **12/19/2023**
Authorized Signature

For County Treasurer Recommendation

Approval Denial

Comments: _____

 _____ Date **1-2-24**
Signature of County Treasurer

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.

PLEASE MARK ALL THAT APPLY

DODGE COUNTY HEAD START

PO Box 244, 1024 W 23rd Street, Fremont, NE 68025

<u>X</u>	<u>Plate No.</u>	<u>VIN No.</u>	<u>Year</u>	<u>Make</u>	<u>Vehicle</u>
<input type="checkbox"/>	AUS 940	1HA6GUB7XMN001362	2021	MICRO BIRD	SCHOOL BUS
<input type="checkbox"/>	AUS 939	1GB6G3AG7A1132370	2010	CHEVROLER	MICROBIRD G5 UGM52NHWSO

Please list any vehicles not listed above.

Please cross out any vehicles that you no longer have.

Authorized Signature

Date

Please return with Form 457