COMMISSIONER OF REVENUE
P.O. BOX 99
NEW KENT, VA 23124
PHONE (804) 966 - 9610
FAX (804) 966 – 5562

Real and Personal Property Exemption by Classification (O-03-12)

INSTRUCTIONS

- ✓ The information required on this application must be filled out in its entirety. Questions that cannot be answered within the spaces provided may be answered by attaching additional sheets to this application. Spaces on the application that are not applicable to the taxpayer should be completed with "Not Applicable" (N/A).
- ✓ All information submitted with this application is confidential and is not open to the public.
- ✓ Copies of your Articles of Incorporation and proof 501C (3) status are required to accompany this form.

OWNER NAME: _____ Phone

ORGANIZATION NAME: _____ Phone

MAILING ADDRESS: _____
Street City State Zip

PROPERTY DESCRIPTION: _____
Tax Map # or Vehicle Identification # & Description (Attach List If Applying For Multiple Items)

☐ Church ☐ Cemetery ☐ Cultural Center

☐ Library ☐ Civic Organization ☐ Other; _____

DESCRIPTION OF PROPERTY USE: _____

_____

CONTACT INFORMATION: _____
Full Name Phone

AFFIDAVIT
COME NOW_____OF legal age, having first sworn and on my oath state the foregoing statements are true and accurate to the best of my knowledge and belief.

_____
Applicants Signature Attest Date

RVSD 9/15