

**TAX ABATEMENT APPLICATION UNDER THE URBAN REVITALIZATION  
PLAN OF THE CITY OF EARLY**

For \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Prior Approval for Intended Improvements

\_\_\_\_\_ Approval of Improvements Completed

Address of Property \_\_\_\_\_

Legal Description of Property \_\_\_\_\_

Title Holder or Contract Buyer: \_\_\_\_\_

Address of Owner (if different from above): \_\_\_\_\_

Phone # (to be reached during the day): \_\_\_\_\_

Existing Property Use:      \_\_\_\_\_ Residential Single Family      \_\_\_\_\_ Vacant

   \_\_\_\_\_ Residential Multi Family

   \_\_\_\_\_ Commercial

Proposed Property Use:      \_\_\_\_\_ Residential Single Family

   \_\_\_\_\_ Residential Multi Family

   \_\_\_\_\_ Commercial

   \_\_\_\_\_ Owner Occupied      \_\_\_\_\_ Rental

Nature of Improvements:      \_\_\_\_\_ Addition      \_\_\_\_\_ New Construction

   \_\_\_\_\_ Rehabilitation

SPECIFY: \_\_\_\_\_

Estimated or Actual Date of Completion: \_\_\_\_\_

Estimated or Actual Value of Improvements: \_\_\_\_\_

If rental property: complete the following: Number of Units \_\_\_\_\_

Tenants occupying building when purchased (or present tenants if unknown) Date occupancy received by eligible tenants: (to be continued on separate page if necessary)

TENANT

DATE OF OCCUPANCY

RELOCATION BENEFITS

Signed by: \_\_\_\_\_

**FOR AGENCY USE ONLY**

City Admin. Office      The above application is/is not (circle one) in conformance with the requirements of the Urban Revitalization plan for \_\_\_\_\_

City Clerk \_\_\_\_\_ Date \_\_\_\_\_

City Council      Application Approve/Disapproved      Reason if Disapproved \_\_\_\_\_

Attest by City Clerk \_\_\_\_\_ Date \_\_\_\_\_

County Assessor      Present assessed value is: \_\_\_\_\_ Assessed Value w/Improvements \_\_\_\_\_

Eligible or Non-eligible for tax abatement (circle one)

County Assessor \_\_\_\_\_ Date \_\_\_\_\_