APPLICATION FOR DEFERRAL OF REAL PROPERTY TAXES

Pursuant to Senate Substitute for House Bill 2923

Application must be filed with the County Treasurer by December 1

NT INFO	DRMATION (Plea	se print)									
First						M.I.		Date	/_		
Direction Number Street Name Type											
State					ZIP -						
() E-mail Address											
e address	your principal reside	ence? YE	s 🗌 n	10 🗆	If NO, then compl	lete the foll	lowing se	ection.			
Direction Number Stre					reet Name Type						
				State				ZIP		-	
Estimated Deployment Date					/		Deployment O Attached?		YES		NO 🗌
rning State	ement Attached?	YES 🗌	NO 🗌								
ORMATI	ON (Please print)										
		Amount of Taxes Deferred (Do not include any specials)				<u> </u>	ull Year		First Half Second Half		Second Half
Year Amount of Taxes Deferred (Do not include any specials)						_ <u>E</u>	ull Year		First Half		Second Half
JRE											
					T						
		Owner Spouse Attorney-in-fact									
and is or so orders, on the principa b)and to c) All prop omeone o The County	on to be mobilized or before December al residence for any waive any interest erty taxes shall become than the persor Treasurer will mail	or deployed or 1 of the year year in which or penalties ome payable or who made your tax sta	outside of ar in which h such per related to when the the election	the Unite such per son is sel such defe deferral on pursua the estin	ed States for a period cson files a claim, morving in active milital erred real property period ends or the part to subsection (a) mated return date li	od of at lea hay elect to ary duty for taxes. property is). isted, unles	est six (6) o defer all r a period sold or t sold or t sold or t continues	months s l or part of d not to ex itle of such	olely by reason the real prope sceed two years n property is tra	of mili rty taxe ansferre	tary es for ed to
	ed t Date Tring State DRMATI DRMATI	ed t Date Direct Direct ed t Date Direct Direct	ed t Date Direction Direc	Direction Number Direction Direction	Direction Number State Direction Number State	Direction Number Street Name State	Direction Number Street Name State	First M.I.	First M.1.	First M.I. Date	First M.I. Date