

APPLICATION FOR EXEMPTION FROM LOCAL PROPERTY TAXATION

Property of Institutions and Organizations
Pursuant to 36 MRSA, Section 652

Town of Brunswick
Assessing Department
28 Federal Street, Brunswick, ME 04011
(207) 725-6650
FAX: (207) 725-6663
www.brunswickme.org

This application must be filed by April 1 of the year the exemption is requested.

NOTE: Please file one form for each property for which exemption from property taxation is requested.

To the Assessor of the Town of Brunswick: Pursuant to 36 MRSA, §652, or other designated statute, the undersigned requests exemption from the property tax for the real estate and/or personal property described below:

1. Institution or Organization:

Name: _____ Contact Person: _____

Address: _____

Please attach Articles of Incorporation and By-laws.

2. Exempt Classification of Organization: (indicate exemption requested)

- | | |
|---|--|
| <input type="checkbox"/> Charitable & Benevolent | <input type="checkbox"/> Hospital/Blood Bank (\$652.1 k leased property) |
| <input type="checkbox"/> Literary & Scientific | <input type="checkbox"/> Nonprofit Hospital/Medical Service |
| <input type="checkbox"/> Veteran's Association (Legion/VFW) | <input type="checkbox"/> Nonprofit Mental Health |
| <input type="checkbox"/> Chamber of Commerce/Board of Trade | <input type="checkbox"/> Nonprofit Child Care |
| <input type="checkbox"/> House of Religious Worship | <input type="checkbox"/> Nonprofit Nursing Home/Boarding Home |
| <input type="checkbox"/> Parsonage | <input type="checkbox"/> Nonprofit Residential Housing |
| <input type="checkbox"/> Fraternal Organization (Lodges) | <input type="checkbox"/> Maine Health Facilities Org (Title 22 §2067) |
| <input type="checkbox"/> Agricultural Fair Association | <input type="checkbox"/> Other _____ |

For any classification not listed above, you are required to list and attach Maine statutory authority for exempt status being requested. Statutory Citation(s): _____

3. Location of real estate and/or personal property. *File separate applications for each parcel.*

Map _____ Lot _____ Street Address/Unit # _____

4. Description of real estate and/or personal property. *Attach copy of deed. Hospitals/Blood Banks & HMOs, please submit copies of all applicable leases for which exemption is requested.*

See reverse side

5. Is any part of the facility utilized for employee housing? No ____ Yes ____ If yes, describe:

6. How does the organization use the income derived from its activities or rental of its facilities? Attach a copy of last year's financial statement.

7. Statement of equipment, leased and owned in your possession on April 1st:

Do you own machinery & equipment, furniture & fixtures? No ____ Yes ____

Do you have any leased, or otherwise held, equipment? No ____ Yes ____

If on April 1st, you have in your possession any business machines, machinery, equipment, furniture, fixtures, tools, etc. which are owned, loaned, leased, stored or otherwise held, you are requested to attach a list identifying the full name and address of the owner, quantity and description of the equipment.

8. Authorized representative of organization filing this application:

I, the undersigned, hereby certify that the information contained within this application and attachments are true, correct and complete.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Telephone #: _____ Fax #: _____

Attach additional materials necessary to file a complete application:

Articles of Incorporation

By-Laws

Deed

Financial Statement

Applicable Leases

Personal Property (Business equipment) list

IRS Form 990