

TAX YEAR 2020
TAX EXEMPTION OF EQUIPMENT USED TO EXTINGUISH FIRES.

INSTRUCTIONS FOR SUBMITTING APPLICATION

GENERAL:

Applicants seeking tax exemptions of fire engines, stations, including land upon which located, and equipment used to extinguish fires as provided by Section 39-11-105, Wyoming Statutes, 1998 as amended, SHALL:

- (A) Submit a completed application for each item for which exemption is sought.
 - (B) Submit the original application to:
Converse County Assessor, Dixie J. Huxtable,
P.O. Box 57
Douglas, WY 82633.
 - (C) Attach additional sheets where necessary, with required information identified by corresponding item numbers from the application.
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SPECIFIC:

- (1) Self-explanatory.
- (2) Self-explanatory
- (3) Indicate approximate date when facility and/or equipment was first operated effectively.
- (4) Briefly describe the nature of the operation in which the facility and/or equipment is used: i.e., electric production, refining, gas processing, etc. Also provide NAICS Code Number if known.
- (5) List and describe specific equipment for which exemption is sought. For each item provide description, I.D. Number (if applicable), Year Acquired and Original Cost.
- (6) Self-explanatory.

TAX YEAR 2020
TAX EXEMPTION FORM OF EQUIPMENT USED TO EXTINGQUISH FIRES.

TO: **Converse County Assessor, Dixie J. Huxtable**
P.O. Box 57
Douglas, WY 82633

1. Name and Address of Applicant:

2. Facility Location and Tax District:

3. Date Facility was placed in Operation:

4. Operation Conducted at Facility Location: NAICS Code Number: _____

Description, installed cost and year of acquisition: _____

5. Description, installed cost and year of acquisition:

| Description & I.D. Number | Year Acquired | Installed Cost |
|---------------------------|---------------|----------------|
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6. The foregoing information is submitted in accordance with the provisions of Section 39-11-105, Wyoming Statutes, 1998 as amended, and is true and correct to the best of my knowledge, information and belief under penalty of perjury.

SIGNATURE: _____
TITLE: _____
DATE: _____