

APPLICATION FOR KANSAS AGRICULTURAL EXEMPTION

(K.S.A. 79-201d)

APPLICANT:

Applicant Name (Owner of Record)

Applicant Address (Street or Box No.)

City State Zip

Applicant Phone #:(_____)_____

Applicant E-mail: _____

ATTORNEY OR REPRESENTATIVE: (If applicable)*

Representative Name Title

Representative Address

City State Zip

Atty/Rep Phone #:(_____)_____

Representative E-mail: _____

K.S.A. 79-201d allows for exemption of eight of the ten years following the year of construction completion.

Year/Years at issue: _____

Property Address:

(For County use only)

Parcel ID:

County's valuation: \$ _____

LBCS Function Code: _____

1. Provide the information below on the improvement type:
Hay Storage
Year Built _____ Square Feet: _____ Open/Enclosed (circle)
Grain Bin or Cellulose Storage: (circle)
Year Built _____ Height _____ Width _____ (feet)
Dryer/Non Dryer (circle) Aeration Yes/No (circle) # Bushels _____
2. Is the subject property leased? _____ No _____ Yes If yes, attach a copy of the lease agreement.
3. Indicate all uses you make of the subject property.

4. Date (mm/dd/yyyy) you acquired ownership of subject property: _____
Date (mm/dd/yyyy) construction commenced and ended: _____
Date (mm/dd/yyyy) you are requesting the exemption to begin: _____
5. Do you request a meeting on the application for exemption? _____ Yes _____ No

VERIFICATION

I, _____, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

Signature of Applicant

Printed Name and Title

State of _____)
County of _____)

This instrument was acknowledged before me on _____ by _____.

Seal

Signature of Notary Public

My appointment expires: _____

COUNTY APPRAISER RECOMMENDATIONS AND COMMENTS

Pursuant to K.S.A. 79-213, and amendments thereto, the County Appraiser is required to review each application and recommend whether the relief sought should be granted or denied. Therefore, please answer the following questions and provide any additional comments you believe are necessary to support your recommendation. The County Appraiser shall provide a copy of the completed comments and recommendations to the applicant.

- 1. Do you find the facts as stated by the applicant represent the true situation? Yes No
- 2. Do you recommend that the exemption herein requested be granted? Yes No
- 3. Do you request a hearing on this application? Yes No

Indicate the year the County first placed the subject property on the tax rolls under the name of the current owner: _____

Please provide any additional comments as to the County's position regarding the applicant's request.

VERIFICATION

I, _____, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

Signature of County Official

Printed Name and Title

State of _____)
County of _____)

This instrument was acknowledged before me on _____ by _____.

Seal

Signature of Notary Public

My appointment expires: _____