

**OFFICE OF THE ASSESSOR
CITY OF ST. LOUIS, MISSOURI
APPLICATION FOR EXEMPTION OF PERSONAL PROPERTY**

OWNER OF PROPERTY SEEKING EXEMPTION: _____
MAILING ADDRESS: _____

STATE IF OWNER IS: **INDIVIDUAL** ()
CORPORATION ()
ASSOCIATION ()
TRUSTEE ()
OTHER () _____

ITEMIZE ALL PROPERTY OWNED OR CONTROLLED BY ORGANIZATION ON **JANUARY 1st**, FOR WHICH EXEMPTION IS BEING SOUGHT: _____

EXPLAIN BY WHOM AND FOR WHAT PURPOSE ABOVE LISTED PROPERTY IS USED: _____

DOES ORGANIZATION OWN ANY REAL PROPERTY? _____
IF YES, GIVE LOCATION: _____

DOES ORGANIZATION LEASE, RENT, OR HAVE ANY PROPERTY ON CONSIGNMENT? YES () NO ()
IF YES, GIVE NAME AND ADDRESS OF COMPANY AND DESCRIBE EQUIPMENT _____

STATE OF MISSOURI) ss
CITY OF ST. LOUIS)

_____, being duly sworn says: that ___he is the _____ of the above mentioned applicant and that the statements contained in this application are true and makes this application to the Assessor of the City of St. Louis to have the same exempt from taxation, as provided by law.

Subscribed and Sworn to before me on this ____ day of _____, 20 ____.

Signature _____
My Commission Expires: _____

**Note: Submit Articles of Incorporation, Association, etc.
Give names of Officers and/or Trustees**