

For Office Use Only:

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

**APPLICATION FOR TAX ABATEMENT UNDER THE  
URBAN REVITALIZATION PLAN FOR**

**FOREST CITY, IOWA**

Date: \_\_\_\_\_

Is Application for: (Please check one)

\_\_\_\_\_ Prior Approval for Intended Improvements **OR** \_\_\_\_\_ Approval of Improvements Completed

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_

Title Holder or Contract Buyer : \_\_\_\_\_

Address of Owner (if different than above): \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Existing Property Use: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Vacant

Nature of Improvements: \_\_\_\_\_ New Construction \_\_\_\_\_ Addition \_\_\_\_\_ General Improvements

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated or Actual Date of Completion: \_\_\_\_\_

Estimated or Actual Cost of Improvements: \_\_\_\_\_

Signature: \_\_\_\_\_

**TAX EXEMPTION SCHEDULE:**

**Filing Deadline – February 1<sup>st</sup>**

**CITY COUNCIL** Application was: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Reason (if disapproved): \_\_\_\_\_

\_\_\_\_\_  
Attested by City Clerk \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSOR** Present Assessed Value: \_\_\_\_\_

Assessed Value w/ Improvements: \_\_\_\_\_

Eligible for Tax Abatement: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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