

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 1st

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 _____

For city use: