

Date Received: _____
Received By: _____

APPLICATION FOR TAX ABATEMENT UNDER THE
URBAN REVITALIZATION PLAN FOR

FOREST CITY, IOWA

Is Application for: (Please check one) _____ Date: _____
_____ 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

FOR CITY USE:

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