

CITY OF WAUKON
URBAN REVITALIZATION PROGRAM
APPLICATION FOR PROPERTY TAX EXEMPTION

Date: _____

Property Owner: _____

Mailing Address: _____

Phone Number: _____

(Check one)

_____ Used as primary residence.

_____ Used as rental property.

Address of Property: _____

Real Estate Legal Description: _____

Date Building Permit was issued: _____

Building Permit Number: _____

Date Construction was completed: _____

Estimated Cost of Project: _____

Applicant (Owner) Signature

OFFICIAL USE ONLY

Application (approved) (denied) by Waukon City Council on: _____

Reason for denial: _____

Mayor

Application (approved) (denied) by County Assessor on: _____

County Assessor