

Assessor's Office
TOWN OF FALMOUTH
271 Falmouth Road, Falmouth, Maine 04105
(207) 781-5253



Application for Exemption from Local Property Taxation
Property of Institutions and Organizations
Must be filed by April 1st

NOTE: Please file one form for each property for which exemption from property taxation is requested.

To the Assessor of the Town of Falmouth: Pursuant to 36 MRSA, §652, or other designated statute, the undersigned requests exemption from the property tax for the real estate and/or personal property described below:

1. Institution or Organization:

Name: _____ Contact Person: _____

Address: _____

Please attach Articles of Incorporation and By-laws.

2. Exempt Classification of Organization: (indicate exemption requested)

- | | |
|---|---|
| <input type="checkbox"/> Charitable & Benevolent | <input type="checkbox"/> Hospital/Blood Bank (S652.l.k leased property) |
| <input type="checkbox"/> Literary & Scientific | <input type="checkbox"/> Nonprofit Hospital/Medical Service |
| <input type="checkbox"/> Veteran's Association (Legion/VFW) | <input type="checkbox"/> Nonprofit Mental Health |
| <input type="checkbox"/> Chamber of Commerce/Brd of Trade | <input type="checkbox"/> Nonprofit Child Care |
| <input type="checkbox"/> House of Religious Worship | <input type="checkbox"/> Nonprofit Nursing Home/Boarding Home |
| <input type="checkbox"/> Parsonage | <input type="checkbox"/> Nonprofit Residential Housing |
| <input type="checkbox"/> Fraternal Organization (Lodges) | <input type="checkbox"/> Maine Health Facilities Org (Title 22 S2067) |
| <input type="checkbox"/> Agricultural Fair Association | <input type="checkbox"/> Other _____ |

For any classification not listed above, you are required to list and attach Maine statutory authority for exempt status being requested. Statutory Citation(s): _____

3. Location of real estate and/or personal property. *File separate applications for each parcel.*

Map _____ Lot _____ Street Address /Unit # _____

4. Description of real estate and/or personal property. *Attach copy of deed. Hospitals/Blood Banks & HMOs, please submit copies of all applicable leases for which exemption is requested.*

5. Is any part of the facility utilized for employee housing? No Yes If yes, describe:

6. How does the organization use the income derived from its activities or rental of its facilities? Attach a copy of last year's financial statement.

7. Statement of equipment, leased and owned in your possession on April 1st:

Do you own machinery & equipment, furniture & fixtures? Yes No
Do you have any leased, or otherwise held, equipment? Yes No

If on April 1st, you have in your possession any business machines, machinery, equipment furniture, fixtures, tools, etc. which are owned, loaned, leased, stored or otherwise held, you are requested to attach a list identifying the full name and address of the owner, quantity and description of the equipment.

Authorized representative of organization filing this application:

I, the undersigned, hereby certify that the information contained within this application and attachments are true, correct and complete.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Telephone # _____ Fax # _____

Attach additional pages as necessary to completely answer each question.

Have you attached all additional materials necessary to file a complete application?

Articles of Incorporation ____, By-laws ____, Deed ____, Financial Statement ____,
Applicable leases ____, Personal Property (Business equipment) list ____, IRS Form 990 ____.