MARICOPA COUNTY ASSESSOR'S OFFICE

Eddie Cook
Maricopa County Assessor

TAX EXEMPTION MULTIPLE PARCEL FORM

IRS Issued EIN (Employer Identification Number): _____

Organization Name: _____

AN ORGANIZATIONAL EXEMPTION APPLICATION MUST ACCOMPANY THIS MUTIPLE PARCEL FORM

The Assessor may require additional proof of facts stated by the applicant, per A.R.S. § 42-11152.

Which section of ARS Title 42, Chapter 11, Article 3 is your organization applying for exemption under? A.R.S. § 42-111_____

Total number of parcels/accounts your organization is applying for: _____

Assessor's Parcel or Account Number	*Arizona Revised Statute (If different than above)*	*Assessor's Parcel or Account Number*	*Arizona Revised Statute (If different than above)*

The Applicant as shown below, states the owner is not organized for profit and that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual. For the Assessor to consider your application, you must answer all questions and attach all supporting documents.

State of Arizona; County of Maricopa

I declare, under penalty of perjury, this application for tax exemption including any supporting statements or documents is true and complete to the best of my knowledge and belief.

I understand that failure to complete this form in its entirety may result in a delay or denial for exemption.

_____ Date: _____

Applicant Signature