

Davis County Board of Equalization REQUEST FOR CONSIDERATION OF LATE ABATEMENT/EXEMPTION APPLICATION

Curtis Koch
Davis County Auditor
61 South Main Street
P.O. Box 618 – Room 101
Farmington, UT 84025

Appli	cant Name (Print or Type)		
Mailing Address Daytime Telephone No. Property Serial Number		City, State, Zip	
		Email Address Abatement Program	
			Cho
	Medical Emergency Describe the nature of the medical emergency and property owner(s):	the relationship of the individual with the emergency to the	
	Identify the length of the medical emergency:	/to/	
	Did this medical emergency require hospita	lization? Yes No No	
	Identify the length of hospitalization:	DD MM YY DD MM YY	
	Death of owner or immediate family member		
	Name of decedent and relationship to owners(s) (if	applicable):	
	Identify the date of death:///////	_	
	Extraordinary and unanticipated circum Describe the nature of the extraordinary and unanti	stances (submit copies of documentation to verify) icipated circumstance:	
Identif	y the length of the extraordinary and unanticipated c	ircumstance:// DD MM YY	
I certif	y, as per UT Code 78B-18a, that all statements herein	and/or attachments are true, correct and complete.	
Signature		 Date	