



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

Applicant Name (Print or Type)
Mailing Address City, State, Zip
Daytime Telephone No. Email Address
Property Serial Number Abatement Program

Choose your circumstance(s):

Medical Emergency
Describe the nature of the medical emergency and the relationship of the individual with the emergency to the property owner(s):

Horizontal lines for describing the medical emergency.

Identify the length of the medical emergency: DD / MM / YY to DD / MM / YY

Did this medical emergency require hospitalization? Yes No

Identify the length of hospitalization: DD / MM / YY to 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: DD / MM / YY

Extraordinary and unanticipated circumstances (submit copies of documentation to verify)

Describe the nature of the extraordinary and unanticipated circumstance:

Horizontal lines for describing the extraordinary and unanticipated circumstance.

Identify the length of the extraordinary and unanticipated circumstance: DD / MM / YY

I certify, as per UT Code 78B-18a, that all statements herein and/or attachments are true, correct and complete.

Signature

Date