



Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

- To be filed with your county treasurer.
- Read instructions on reverse side.

FORM 28
 457 58-2019

Applicant's Name: Rebuilding Together Platte Valley East

Street or Other Mailing Address: 445 E. 1st Street

City: Fremont State: NE Zip Code: 68025

County: Dodge State Where Incorporated: Nebraska

Type of Ownership

Nonprofit Corporation

Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Bradley Wiese, Rebuilding Together, 445 E. 1st St., Fremont, NE 68025
Board President	Cindi Lamprecht, 2231 Park Place Dr., Fremont, NE 68025

DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
C&M	2019	76x16 Light	5VNBU1627KT204298	4-10-2019

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist: This trailer is used to transport tools/materials to jobsites in the course of our mission of providing critical home repairs/modifications that will allow low-income elderly/disabled homeowners & families with young children to remain safely in their homes. All work is provided at no cost to the homeowners. Our organization depends on donated goods and funds, local and foundation grants and utilizes volunteers to the extent possible.

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here Bradley Wiese Authorized Signature Executive Director Title 4/12/19 Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Signature of County Treasurer _____ Date _____

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature _____ Date _____