

File with Your
 County Treasurer

Application for Exemption
 from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
 • Read instructions on reverse side.

Name of Organization MIDLAND UNIVERSITY		Tax Year 2023	Value of Motor Vehicles
Name of Owner of Property		County Name DODGE	State Where Incorporated
Street or Other Mailing Address 900 N CLARKSON ST		Contact Name	Phone Number
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership
 Agricultural and Horticultural Society
 Educational Organization
 Religious Organization
 Charitable Organization
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<i>Midland University</i>		<i>900 N Clarkson</i>

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
<i>1G11Z5S30KU101154</i> <i>Chevy Impala</i>	<i>2023 2019</i>	<i>PASSAGER</i>	<i>1G11Z5S30KU101154</i>	

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
 Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)
 YES NO

If No, give percentage of exempt use:
 _____ %

Give a detailed description of the use of the motor vehicle:
Midland University business

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *Joseph Hamilton* CEO 3-3-23
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Denial

Neil Bergstad 3/9/23
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approved If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.
 Denied

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member 3/22/23
 Date

Please retain a copy for your records.