

LENOX TOWNSHIP ASSESSING DEPARTMENT
APPLICATION FOR PROPERTY TAX EXEMPTION

Parcel Number _____ Property Address _____

Name of Organization _____

Name of Organization _____

Address of Organization _____

Officers: _____ Title: _____

For more information, contact the National Institute of Child Health and Human Development (NICHD) at 301-435-0911 or visit the NICHD website at www.nichd.nih.gov.

The above hereby makes application for exemption from property tax under the following Section (s) of the Michigan General Property Tax Law:

Is the Organization currently receiving a property tax exemption in another Michigan Community? Where?

For what purpose? Or Under which Section of the Michigan General Property Tax Law

Supplemental Information may be requested to support the status as an exempt entity under Michigan Law.

____ / ____ / ____ Applicant Phone () ____ - ____
____ - ____ Applicant Signature Date

Assessing Department use only Do not write below this line.

- 1) Articles of incorporation 2) Statement of I.R.S. indicating status
 3) Affidavit of exempt use by the exempt entity.
 4) Federal Income Tax return 5) By Laws
 6) Balance Sheet 7) Copies of any Leases of the property.

Exemption approved by:

Assessor / Date

Revised 2016-08