

APPLICATION FOR TAX ABATEMENT UNDER THE
URBAN REVITALIZATION PLAN FOR

POSTVILLE, IOWA

Date _____

_____ Prior Approval for
Intended Improvements

_____ Approval of Improvements
Completed

Address of Property: _____

Legal Description: _____

Title Holder or Contract Buyer: _____

Address of Owner (if different than above): _____

Phone Number (to be reached during the day): _____

Existing Property Use: _____ Residential _____ Commercial _____ Industrial _____ Vacant

Proposed Property Use: _____

Nature of Improvements: _____ New Construction _____ Addition _____ General Improvements

Specify: _____

Estimated or Actual Date of Completion: _____

Estimated or Actual Cost of Improvements: _____

Tax Exemption Schedule is attached.

Signed: _____

FOR CITY USE:

CITY COUNCIL	Application Approved/Disapproved Reason (if disapproved) _____ _____ Date _____ Attested by the City Clerk _____
ASSESSOR	Present Assessed Value _____ Assessed Value with Improvements _____ Eligible or Noneligible for Tax Abatement _____ Assessor _____ Date _____