



Bannock County Property Tax Exemption Application

Commissioner's Office
624 E. Center Street, Room 101
Pocatello, Idaho 83201
208-236-7210/(FAX) 208-236-7363
commission@bannockcounty.us
www.bannockcounty.us

A completed application must be filled out for EACH parcel for which you seek an exemption. Please type your answers or write legibly. If you have any questions regarding this application, please call (208) 236-7210. Kindly return this form as soon as possible to allow sufficient time for review. **Applications received after 5:00 PM on Tuesday, April 18, 2023, cannot be considered for a 2023 Property Tax Exemption.**

Owner Information:

1. Date of Application: _____
2. Parcel ID Number: _____
3. Organization Name: _____
4. Legal Owner of Property: _____
5. Property Address: _____

City
State
Zip
6. Date property was acquired by the Organization: _____
7. Type of Property (please check one): Real Property Personal Property
8. If this request is for personal property, is any of the personal property associated with this parcel leased or not used exclusively for which you requested this exemption? _____
9. Under which section(s) of the Idaho Code are you seeking tax exemption?
 Idaho Code §63-602 B – Religious Corporations or Societies
 Idaho Code §63-602 C – Fraternal, Benevolent, or Charitable Societies
 Idaho Code §63-602 E – Property Used for School or Educational purposes
 Idaho Code § - – Other (fill in the appropriate code citation)

Please Tell Us

10. If the applicant is not the legal owner of the property, explain the relationship between the applicant and the legal owner. _____
11. Describe the use of the property by the applicant organization as of January 1 of this year? Be specific and consider all activities. (Please answer this question on a separate piece of paper and submit with application.)
12. Is income generated through rent or in kind services from any portion of this property? If yes, please describe in detail on a separate piece of paper and submit with application.

Contact Information

13. Contact Person: _____ 14. Title: _____
15. Email Address: _____
16. Mailing Address: _____

City
State
Zip
17. Daytime Telephone Number: (____) _____-_____

I, _____, do hereby certify, to the best of my knowledge and belief, the information provided herein is true and correct. _____ Date: _____

Applicant's signature

PLEASE RETURN TO: Bannock County Commissioners, 624 E. Center Street, Room 101, Pocatello, ID 83201 or email to commission@bannockcounty.us or FAX to 208-236-7363.

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