



DISABLED AMERICAN VETERANS NOTIFICATION OF DENIAL OF EXEMPTION

Veteran Information

Name of Exempt Veteran _____ Exemption Number _____
Street Address _____
City _____ State _____ Zip _____
Phone Number of Veteran (with area code) _____

Person Denied Exemption Information

Name of Person Denied Exemption (if other than veteran named above) _____
Relationship to Veteran _____
Phone Number of Person Denied Exemption (with area code) _____

Denial Information

Denial Date _____
Business Name _____
Business Street Address _____
Business City _____ State _____ Zip _____
Name of Person Refusing to Accept Exemption Card _____
Brief Description of What Happened _____

Signature of Person Denied Exemption _____ Date _____

**Complete and mail to: Oklahoma Tax Commission
Compliance Division, Collections Section
Post Office Box 269062
Oklahoma City, OK 73126-9062**