

NOTICE OF APPROVAL OR DISAPPROVAL  
OF MANUFACTURER'S AD VALOREM TAX EXEMPTION  
BY COUNTY ASSESSOR & COUNTY BOARD OF EQUALIZATION

TO: Applicant \_\_\_\_\_  
Address \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

The application for exemption has been **APPROVED** by:  
\_\_\_\_\_ County Assessor

The application for exemption has been **APPROVED IN PART** by:  
\_\_\_\_\_ County Assessor

The following property has been disapproved for exemption for the reasons indicated: \_\_\_\_\_

The application for exemption has been **DISAPPROVED** by:  
\_\_\_\_\_ County Assessor

For the following reasons: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

The application for exemption has been **APPROVED** by:  
\_\_\_\_\_ County Board of Equalization

The application for exemption has been **APPROVED IN PART** by:  
\_\_\_\_\_ County Board of Equalization

The following property has been disapproved for exemption for the reasons indicated: \_\_\_\_\_

The application for exemption has been **DISAPPROVED** by:  
\_\_\_\_\_ County Board of Equalization

For the following reasons: \_\_\_\_\_

All applications approved by the County Assessor, in whole or in part, are subject to review and approval by the County Board of Equalization and the Oklahoma Tax Commission. Any person whose previously approved application for exemption has been denied or changed by the Board of Equalization may, **WITHIN TEN (10) DAYS** from receipt of this notice, file a complaint with the County Clerk requesting a hearing thereon. The complaint shall set forth the reasons why the exemption should be allowed and all pertinent facts in relation thereto. The applicant will be notified of the time and place of such hearing, and will be afforded the opportunity to present evidence in support of his claim for exemption. If complaint is not filed within the time specified, the determination of the board will become final.

COUNTY BOARD OF EQUALIZATION

DATE: \_\_\_\_\_

\_\_\_\_\_  
Sec. (County Clerk)

COUNTY ASSESSOR

DATE: \_\_\_\_\_

\_\_\_\_\_