

Tax Year 2017
OTC
924-B

Revised 7-2016

State of Oklahoma
INDIVIDUAL PERSONAL PROPERTY
BOAT DOCK RENDITION



County _____

Return to County Assessor by March 15

Item# or Account # Phone Number(s) Cell: Email Address Name Mailing Address	All taxable property in Oklahoma is required to be rendered to the county assessor between January 1 and March 15 of each year by the owner or person in control of such property. Property rendered after March 15 but before April 15 shall have a mandatory ten percent penalty applied. Property rendered after April 15 shall have a twenty percent penalty applied. (68 O.S. Sec. 2836C)
PLEASE PRINT OR TYPE	

LEGAL DESCRIPTION:	School District
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Do you still own this boat dock or slip? Yes No If NO, provide new owner information.

Is all of the above information correct? Yes No If NO, provide the correct information in the area below.

PART I: BOAT DOCK INFORMATION - Provide the following information to assist in the proper valuation of your dock.

SIZE: L X W	NUMBER OF SLIPS	NUMBER OF LIFTS	YEAR BUILT (IF KNOWN)	YEAR ACQUIRED	PURCHASE PRICE OR ORIGINAL COST (IF KNOWN)

PLEASE CHECK

Roof:	<input type="checkbox"/> Covered	or	<input type="checkbox"/> Uncovered
Decking:	<input type="checkbox"/> Wood	or	<input type="checkbox"/> Composite
Frame:	<input type="checkbox"/> Steel	or	<input type="checkbox"/> Galvanized
Foam:	<input type="checkbox"/> Encapsulated	or	<input type="checkbox"/> Non-Encapsulate
Electricity:	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No

NOTES:

<p>Don't Forget to Sign</p>	<p>Under penalty of perjury, I the undersigned, affirm that all information provided and herein contained are true and correct to the best of my knowledge.</p> <table style="width:100%;"> <tr> <td style="width:50%;">Signature of Taxpayer _____</td> <td style="width:50%;">Date _____</td> </tr> <tr> <td>Signature of Preparer _____</td> <td>Preparer's Address _____</td> </tr> <tr> <td>Preparer's Identification Number _____</td> <td>Preparer's City, State, Zip _____</td> </tr> <tr> <td>Phone Number _____</td> <td></td> </tr> </table>	Signature of Taxpayer _____	Date _____	Signature of Preparer _____	Preparer's Address _____	Preparer's Identification Number _____	Preparer's City, State, Zip _____	Phone Number _____	
Signature of Taxpayer _____	Date _____								
Signature of Preparer _____	Preparer's Address _____								
Preparer's Identification Number _____	Preparer's City, State, Zip _____								
Phone Number _____									

ASSESSOR ONLY: TOTAL OF VALUES

Assessor/Deputy _____	Total Value\$ _____
Date _____	X Assessment %\$ _____
	Penalty _____ %\$ _____
	Net Assessed Value\$ _____