

**APPLICATION FOR TAX ABATEMENT
CITY OF KEOSAUQUA**

DATE: _____

NAME OF APPLICANT: _____

PHONE NUMBER: _____

STREET & MAILING ADDRESS: _____

LOT # _____ **BLOCK #** _____

NATURE OF CONSTRUCTION: _____

COST OF IMPROVEMENT: _____

DATE PROJECT BEGAN: _____

ESTIMATED OR ACTUAL DATE OF COMPLETION: _____

TAX EXEMPTION REQUESTED: School Tax will no longer be abated as of 7/1/23

1. **TEN YEAR PARTIAL EXEMPTION:** _____
2. **THREE YEAR FULL EXEMPTION:** _____
3. **115% TEN YEAR EXEMPTION:** _____ (existing structures only)

APPROVED _____ **DENIED** _____ **BY THE CITY COUNCIL ON**

MAYOR

ATTEST:

CITY CLERK