

Received

JAN 13 2020

## CITY OF VALDEZ, ALASKA

City of Valdez

## COMMUNITY PURPOSE EXEMPTION APPLICATION

All applicable questions must be answered fully. If a question is not applicable, mark N/A. Decision upon the requested exemption will be made after consideration of the information set forth by the applicant upon this form. Misrepresentation or false statements made in conjunction with an application for exemption is a misdemeanor and is subject to criminal penalties. This form must be notarized or it will not be accepted. A separate application must be made for each tax parcel. **This application must be filed by January 15<sup>th</sup> of each assessment year for which the exemption is sought.**

TAX YEAR: 2020Organization Name: Frontier Community Services, Inc.Property Description: Lot 10, BLK 8, Blackgold SubdivisionTax Parcel Number: 7010-008-010-0Determination Criteria

1. Form of Organization (i.e. a lawful corporation) Yes ☒ No ☐
2. Is your organization nonprofit/non-business Yes ☒ No ☐
3. Percentage of property that qualifies under this exemption by being used exclusively for community purpose. Membership use or participation must be open to and not be limited or restricted to anyone within the scope of the community. 100 %

4. Percentage of property used for profit purposes 0 %

5. Explain why your organization qualifies for this community purpose exemption:  
We are a non-profit organization and a federally exempt, federally classified public charity.

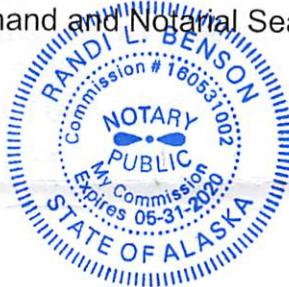
Signature of Applicant: Lakae [Signature]Title: Operations Director Date: 1/13/20Contact Telephone Number: 907-262-6331

Land 30,000-  
Bldg 96,800-  
126,800-

Tax 2,536- BR  
1/23/2020

This is to certify that on this 13 day of January, 2020, before me, the undersigned Notary Public in and for the State of Alaska, personally appeared Lahae Paxton known to me to be the person (s) named in the foregoing application, or having produced suitable evidence of identification, and who executed the foregoing application, and who did acknowledge to me that he/she signed the same freely and voluntarily for the uses and purposes therein stated.

WITNESS my hand and Notarial Seal the day and year last written above.



Randi L. Benson  
Notary Public in and for Alaska  
Commission Expires: \_\_\_\_\_

EXEMPTION GRANTED \_\_\_\_\_ EXEMPTION DENIED \_\_\_\_\_

If denied, please explain: \_\_\_\_\_

CITY OF VALDEZ, ALASKA

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date Approved

ATTEST:

\_\_\_\_\_  
City Clerk



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City of Valdez

## COMMUNITY PURPOSE EXEMPTION APPLICATION

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TAX YEAR: 2020Organization Name: Fronter Community Services, Inc.Property Description: Lot 10, BLK 8, Blackgold SubdivisionTax Parcel Number: 7010-008-010-0Determination Criteria

1. Form of Organization (i.e. a lawful corporation) Yes ☒ No ☐
2. Is your organization nonprofit/non-business Yes ☒ No ☐

3. Percentage of property that qualifies under this exemption by being used exclusively for community purpose. Membership use or participation must be open to and not be limited or restricted to anyone within the scope of the community. 100 %

4. Percentage of property used for profit purposes 0 %

5. Explain why your organization qualifies for this community purpose exemption:  
we are a non-profit organization and a federally exempt, federally classified public charity.

Signature of Applicant: Larae [Signature]Title: Operations Director Date: 1/13/20Contact Telephone Number: 907-262-6331



This is to certify that on this 13 day of January, 2020, before me, the undersigned Notary Public in and for the State of Alaska, personally appeared Lahae Paxton known to me to be the person (s) named in the foregoing application, or having produced suitable evidence of identification, and who executed the foregoing application, and who did acknowledge to me that he/she signed the same freely and voluntarily for the uses and purposes therein stated.

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Randi L. Benson  
Notary Public in and for Alaska  
Commission Expires:

EXEMPTION GRANTED \_\_\_\_\_ EXEMPTION DENIED \_\_\_\_\_

If denied, please explain: \_\_\_\_\_

CITY OF VALDEZ, ALASKA

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date Approved

ATTEST:

\_\_\_\_\_  
City Clerk