

**APPLICATION FOR TAX ABATEMENT UNDER THE
PRAIRIE CITY REVITALIZATION PLAN FOR
PRAIRIE CITY, IOWA**

Date: _____

_____ Prior Approval for Intended Improvements

_____ Approval of Improvements Completed

Address of Property: _____

Legal Description: _____

Title Holder or Contract Buyer: _____

Address of Owner (if different than above): _____

Phone Number (to be reached during the day): _____

Existing Property Use: ____ Residential ____ Commercial ____ Industrial ____ Vacant

Proposed Property Use: _____

Nature of Improvement: ____ New Construction ____ Addition ____ General Improvements

Specify: _____

Estimated or Actual Date of Completion: _____

Estimated or Actual Cost of Improvements: _____

*Tax Exemption Schedule must be attached.

Signed: _____

FOR CITY USE:

**CITY
COUNCIL**

Application Approved/Disapproved Reason (if disapproved)

Attested by City Clerk: _____ Date: _____

ASSESSOR

Present assessed value _____

Assessed value w/improvements _____

Eligible or Non-eligible for tax abatement _____

Assessor _____ Date: _____