Rich County Residential Property Declaration

This form must be returned to the County Assessor's office within 30 days of mailing. Failure to do so will result in withdrawal of the primary residential exemption from your residential property.

[UCA §59-2-103.5(8)]

	I Property Owner		1					
Property owner	(s) name(s):		Primary phone:		Secondary phone:			
Mailing address:			Email addres		 \$S:			
City:		County:	State:		Zip:			
Residential	Property Informa	ltion						
Parcel or serial	number:	Anna 2441						
Physical addres	s:							
City:		County:	State:		Zip:			
•								
Certificatio	n Questions							
🗆 Yes 🗌 No	1. Is this property used year?	I. Is this property used as your primary residence, meaning you live there at least 183 consecutive days in the year?						
Yes 🗌 No	No 2. If no to question 1, does someone else live in this property at least 183 consecutive days each year as the primary residence? (i.e. renter or tenant)							
	3. What are the dates of occupancy by the owner(s) or a tenant? to to							
🗌 Yes 🗌 No	4. Do you own property in another state that you claim as your primary residence?							
Yes No	5. Do you own any other property in the state that receives the primary residential exemption? (If you answered yes, please complete page two. Please make as many copies of page two as necessary to submit the required information for your other properties that receive the primary residential exemption.)							
103 for proper spouse, that c property owne domicile does	ty in this state that is laim of a residential e er's spouse have dom	the primary residence exemption creates a re iicile in Utah for incom	e of the prope buttable pres le tax purpose	rty owner or th umption that thes. The rebutte	ne property owner and the			
Signature(s)	(This form must be si	gned by all owners of the	e property)					

Under penalties of perjury, I declare to the best of my knowledge and belief, this declaration and accompanying pages are true, correct and complete.

First owner name

First owner signature

Date (mm/dd/yyyy)

Second owner name

Additional Resident	tial Property Informatio	n (please make as	many copies as necess	ary before entering information)
Parcel or serial number:		Is this property the primary Yes residence of a tenant? No		
Physical address:				
City:	County:	State:		Zip:
Parcel or serial number:			Is this property the primary Yes residence of a tenant? No	
Physical address:			<u> </u>	
City:	County:	State:		Zip:
Parcel or serial number:	/,,,,,,,,,,,	Is this property the primary Yes residence of a tenant? No		
Physical address:				
City:	County:	State:		Zip:
Parcel or serial number:		Is this property the primary Yes residence of a tenant? No		
Physical address:		•		
City:	County:	State:		Zip:
Parcel or serial number:	, <u>, , , , , , , , , , , , , , , , , , </u>	Is this property the primary Yes residence of a tenant? No		
Physical address:				
City:	County:	State:		Zip:
Parcel or serial number:		Is this property the primary Yes residence of a tenant? No		
Physical address:		I		
City:	County:	State:		Zip: