

APPLICATION FOR TAX ABATEMENT UNDER THE URBAN REVITALIZATION PLAN FOR
COLO, 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: Residential Commercial Industrial Vacant

Nature of Improvements: New Construction Commercial Industrial
 Rental Owner-Occupied

Specify: _____

Estimated or Actual Date of Completion: _____

Estimated or Actual Cost of Improvements:

Tax Exemption Schedule is attached.

If rental property, complete the following: _____ Number of Units: _____

Tenants occupying the building when purchased (or presents tenants if unknown)/Date of tenant occupancy/relocation benefits received by eligible tenants: (to be continued on a separate page if necessary.)

TENANT	DATE OF OCCUPANCY	RELOCATION BENEFITS
_____	_____	_____
_____	_____	_____

Signed: _____

FOR CITY USE:

CITY COUNCIL:

Application Approved/Disapproved Reason (if disapproved): _____

Date: _____

Attested by the City Clerk: _____

ASSESSOR:

Present assessed value: _____

Assessed value w/improvements: _____

Eligible or Noneligible for tax abatement: _____

Assessor: _____

Date: _____