Eddie Cook
Maricopa County Assessor

301 West Jefferson Street
Phoenix, Arizona 85003
Phone: (602) 506-3406
http://mcassessor.maricopa.gov/

TAX EXEMPTION MULTIPLE PARCEL FORM

IRS Issued EIN (Employer Identification Number):_____

NEW ☐
RENEWAL ☐

Organization Name: _____

A TAX EXEMPTION CLAIM FORM MUST ACCOMPANY THIS MUTIPLE PARCEL FORM
The Assessor may require additional proof of facts stated by the claimant, per ARS 42-11152.

Under which section of ARS Title 42, Chapter 11, Article 3 does your organization claim exemption? A.R.S. § 42-111_____

Total number of parcels/accounts for which your organization claims exemption: _____

Assessor's Parcel or Account Number	***Arizona Revised Statute*** *(If different than above)*	***Assessor's Parcel or Account Number***	***Arizona Revised Statute*** *(If different than above)*

The Claimant as shown below, states the owner is not organized for profit and that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual. For the Assessor to consider your claim, you must answer all questions and attach all supporting documents.

State of Arizona; County of Maricopa

I declare, under penalty of perjury, this claim for tax exemption including any supporting statements or documents is true and complete to the best of my knowledge and belief. I understand that failure to complete this form in its entirety may result in a delay or denial for exemption.

_____ Date: _____
Claimant Signature

Subscribed and sworn to before me this: _____day of _____20_____

Signed:_____ (Deputy Assessor or Notary Public)