



City of Zeeland Assessing Department

21 S ELM ST - ZEELAND, MI 49464

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www.cityofzeeland.com

Tax Exemption Application City of Zeeland

Date: _____

Name of Property Owner: _____

Parcel Number: _____

Property Address: _____

Mailing Address: _____

How is the property being used:

Under which section of the Michigan General Property Tax Law are you claiming an exemption:

Does anyone else conduct business or reside at this location? ☐ Yes ☐ No

If yes, please list: _____

Do you have any leased equipment at this location? ☐ Yes ☐ No

If yes, please list: _____

Please provide the following information regarding a representative from your organization whom we may contact:

Name: _____

Relationship to Organization: _____

Telephone: _____ E-mail: _____

Please attach the following documents with this application:

1. Articles of Incorporation 2. Bylaws 3. Statements for I.R.S. Indicating Status

Signature: _____ **Title:** _____ **Date:** _____