

Property Exemption Removal Request Form

Date:

Parcel / Property
Identification Number
or physical address:

Owner's Name:

Applicant's Name:

Years for Exemption
Removal (20xx):

Reason for Exemption
Removal:

Received
from (print):

Signature*:

Phone
number:

**For any questions related to the tax amounts due and/or billing should be directed to the
Treasury Department at (907) 343-6650 Option 0**

Disclaimer: The applicant for the Property Tax Exemption must be the one to request the removal of said exemption.

* By signing and submitting this form to request the removal of your exemption, you acknowledge that this constitutes a formal request for exemption removal. Upon acceptance of your request, this form will serve as notice of the exemption removal to the owner of record. If you wish to contest this action, you may do so through the appropriate channels as outlined in applicable municipal code.

For office use
Received By:

Information
received at:

Counter:

Other:

Return to:
Municipality of Anchorage
Property Appraisal Division

Mail to:

**Attn: Exemptions
P.O Box 196650
Anchorage, AK 99519-6650**

In-Person:

**632 W. 6th Ave. Room 300
Anchorage, Alaska 99501**

Email to:

propappcs@muni.org

Fax:

(907) 343-6599