Curtis Koch
Davis County Auditor
61 South Main Street
P.O. Box 618 – Room 101
Farmington, UT 84025

Davis County Board of Equalization
REQUEST FOR CONSIDERATION OF LATE ABATEMENT/EXEMPTION APPLICATION

Applicant Name (Print or Type)	
Mailing Address	City, State, Zip
Daytime Telephone No.	Email Address
Property Serial Number	Abatement Program

Choose your circumstance(s):

☐ **Medical Emergency**

Describe the nature of the medical emergency and the relationship of the individual with the emergency to the property owner(s):

_____
_____
_____
_____

Identify the length of the medical emergency: _____ /_____ /_____ to _____ /_____ /_____
DD MM YY DD MM YY

Did this medical emergency require hospitalization? Yes ☐ No ☐

Identify the length of hospitalization: _____ /_____ /_____ to _____ /_____ /_____
DD MM YY DD MM YY

☐ **Death of owner or immediate family member**

Name of decedent and relationship to owners(s) (if applicable): _____

Identify the date of death: _____ /_____ /_____
DD MM YY

☐ **Extraordinary and unanticipated circumstances** (submit copies of documentation to verify)

Describe the nature of the extraordinary and unanticipated circumstance:

_____
_____
_____
_____

Identify the length of the extraordinary and unanticipated circumstance: _____ /_____ /_____
DD MM YY

I certify, as per UT Code 78B-18a, that all statements herein and/or attachments are true, correct and complete.

_____ _____
Signature Date