



# Box Elder County Disabled Veteran Exemption Form

## Applicant Information

Last Name	First Name	M.I.	Birth Date
Property Address	City	State	Zip
Phone Number	Primary Residence Parcel Number	SS#	

Applicant is (check one)

- Disabled Veteran with \_\_\_\_\_% Disability
- Unmarried Spouse of Deceased or Disabled Veteran that had \_\_\_\_\_% Disability
- Minor Orphan of Deceased or Disabled Veteran that had \_\_\_\_\_% Disability

Under penalties of perjury, I declare to the best of my knowledge and understanding, that this information is true, correct and complete. I further testify that I am a resident of Box Elder County.

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Signature of applicant

Date

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Received by

Date

If this is the *first time* you are applying for the exemption, please furnish a copy of your disability from the VA.

This form only needs to be filled out once, unless your circumstances change. You will automatically receive the abatement each year. There is no need to bring in any additional information each year.

Return this form to:

Box Elder County - Auditor's Office  
One South Main  
Brigham City, UT 84302

Questions - Please call 435-734-3317