

## Box Elder County 2024 Veteran's Exemption Form

## **Applicant Information**

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Last Name		First Name	M.I.	Birth Date	
Property Address		City		State	Zip
Phone Number		Primary Residence Parcel Number		SS#	
		Please check all that apply    I am a Disabled Veteran and would like to continue my exemption for 2024   I will live in Utah for all of 2024   This home is my primary residence Jan. 1, 2024			
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.					

Signature of applicant	Date	
Received by	Date	
Return this form as soon as possible to:	For Office use only	
Box Elder County - Auditor's Office	CB	
One South Main	20 Mkt Ind	
Brigham City, UT 84302		
Questions - Please call 435-734-3363	Total	