

Date Received _____

By _____

EXHIBIT B

**SHERIDAN COUNTY, KANSAS
NEIGHBORHOOD REVITALIZATION PLAN (NRP)**

APPLICATION FOR REBATE

OFFICE OF THE APPRAISER
2nd Floor, Sheridan County Courthouse
925 9th Street, PO Box 899, Hoxie, KS 67740
Phone: (785) 675-3932 Fax: (785) 675-3435 Email: appr@sheridancoks.com

Tax Year _____

Tax Year Under NRP _____

TAX DIST. # _____

PARCEL # _____
map sec sh qtr blk owner

APPLICANT'S NAME _____

MAILING ADDRESS _____

APPLICANT'S VERIFICATION: Under penalty of perjury, I state that I am in compliance with Sections 7 and 10 of the NRP and that I am the only person entitled to the Rebate, or, if not, that I will pay all other owners their prorated share thereof.

Applicant's Signature

Date

.....
FOR OFFICE USE ONLY
.....

TREASURER'S SECTION

TAX STATEMENT # _____

() NOT PAID () FIRST HALF ONLY PAID \$ _____ () PAID IN FULL \$ _____

Approved

Date

Date Received _____

By _____

EXHIBIT B

APPRAISER'S DATA

CURRENT APPRAISED VALUE

Taxing Unit
Land Use

	class	land	imp	tot-appr
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

VALUATION SUBJECT TO REBATE

Taxing Unit
Land Use

	class	land	imp	tot-appr
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Approved _____

Date _____

CLERK'S SECTION

ASSESSED VALUATION

Taxing Unit
Land Use

	class	land	imp	tot-appr
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

ASSESSED VALUATION SUBJECT TO REBATE

Taxing Unit
Land Use

	class	land	imp	tot-appr
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

COUNTY CLERK'S APPORTIONMENT OF REBATE

Fund Name	Levy	Amount	Fund Name	Levy	Amount
State					
County					
Cemetery					
School					
City					

INCREMENT TAX DOLLARS \$ _____ (_____ %)

DISTRIBUTABLE TO TAXING DISTRICTS = _____ %)

REBATE TO APPLICANT \$ _____

Audited and Approved

Date Received _____

By _____

EXHIBIT B

Approved _____

County Clerk

Date

ORDER FOR REBATE FROM NEIGHBORHOOD REVITALIZATION FUND

Hoxie, Kansas _____, 20_____

TO: TREASURER OF SHERIDAN COUNTY, KANSAS:

You are to Rebate the taxes of _____ in the amount of \$ _____ on account of the Neighborhood Revitalization Plan for tax year _____ on property located in said County and described as set forth in the above Parcel number and apportion the same to various funds as shown above.

County Clerk

Date