



# Application for Methane Gas Conversion Property Tax Exemption

Iowa Code Section 427.1 (29)

This application must be filed or mailed to your city or county assessor by February 1 of each assessment year. It must be postmarked no later than February 1. Iowa assessors' addresses can be found at the **Iowa State Association of Assessors Web site**.

|                                      |              |
|--------------------------------------|--------------|
| <b>Applicant Contact Information</b> |              |
| <small>PLEASE PRINT</small>          |              |
| Name: _____                          |              |
| Phone Number: _____                  | eMail: _____ |

Legal Description: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Taxing District and County: \_\_\_\_\_

Titleholder or Contact Buyer: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Describe the property that is classified as methane gas conversion property. The exemption applies to land and improvements. Attach a map of the project site showing all structures and land utilized in the operation of the facility.

\_\_\_\_\_

Is the property used in an operation connected with or in conjunction with a publicly-owned sanitary landfill?

Yes If yes, the exemption applies as long as the property is utilized as methane gas conversion property.

No If no, the exemption applies to property originally placed in service on or after January 1, 2008, and on or before December 31, 2012. The exemption is limited to 10 years.

(1) Total assessed value of land and improvement of eligible methane gas conversion property ..... (1) \_\_\_\_\_

Does the property used to convert the gas to energy consume fuel other than methane?  Yes  No If no, enter zero on line 4.

(2) If yes, list ratio of fuel other than (methane gas consumed) ÷ (total fuel consumed) ..... (2) \_\_\_\_\_ %

(3) Assessed value of property used to convert methane gas to energy ..... (3) \_\_\_\_\_

(4) Total. Multiply line 2 by line 3. .... (4) \_\_\_\_\_

(5) Total value subject to exemption. Subtract line 4 from line 1. .... (5) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### TO BE COMPLETED BY ASSESSING AUTHORITY

I hereby certify that the above property is eligible to receive the tax exemption as provided by Iowa Code section 427.1(29).