

**APPLICATION FOR CONTINUING TAX-EXEMPT STATUS OF A  
PRIVATE ORGANIZATION (SDCL 10-4-19)**

APPLICATION MUST BE FILED WITH DIRECTOR OF EQUALIZATION BY NOVEMBER 1 FOR  
CONSIDERATION BY COUNTY BOARD OF EQUALIZATION THE FOLLOWING YEAR

STATE OF SOUTH DAKOTA

**AFFIDAVIT OF  
CONTINUING  
TAX-EXEMPT USE**

County of \_\_\_\_\_

TO THE COUNTY DIRECTOR OF EQUALIZATION:

NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ Phone: \_\_\_\_\_

EMAIL \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

(Include lot, block, subdivision, etc.)

PARCEL NUMBER: \_\_\_\_\_

I do hereby certify that the above described property has not changed in use or ownership during the past year, except as noted on the reverse side hereof and therefore request the status be declared \_\_\_ % **EXEMPT for Land** and \_\_\_ % **EXEMPT for Structures** for the year of 20 \_\_\_\_.

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**Reminder: Application must be made on an annual basis on or before November 1st**

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COUNTY USE

LOCATED IN MUNICIPALITY/TOWNSHIP OF \_\_\_\_\_

DOE Signature \_\_\_\_\_ Date \_\_\_\_\_