

**METHANE GAS CONVERSION
PROPERTY TAX EXEMPTION
APPLICATION**

Pursuant to Iowa Code Section 427.1(29)

To be filed with the assessing authority on or before February 1 of each assessment year.

Legal Description: _____

Address of Property: _____

Taxing District and County: _____

Titleholder or Contact Buyer: _____

Address (if different than above): _____

Name and address of publicly owned sanitary land fill connected to operation: _____

Provide a brief description of property that is classified as methane gas conversion property. Provide attachment if necessary. _____

Does property consume fuel other than methane? Yes _____ No _____

If yes, list ratio that the methane gas consumed bears to total fuel consumed. First year application may be estimate, subsequent years utilize actual ratio. _____

Cost/Assessed value of property utilized to collect methane gas _____

Cost/Assessed value of property utilized to convert methane gas to energy _____

If applicable multiply times ratio above: x _____

Signed _____ Date _____

Contact Person _____ Telephone Number _____

TO BE COMPLETED BY ASSESSING AUTHORITY

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

Date Application Received

Assessing Authority