



# Application for Methane Gas Conversion Property Tax Exemption

Iowa Code 427.1 (29)

This application must be filed with your city or county assessor by February 1 of each assessment year. It must be postmarked no later than February 1. Contact information for all assessors can be found at the Iowa State Association of Assessors website: [www.iowa-Assessors.org](http://www.iowa-Assessors.org)

### Applicant Contact Information – Please Print

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ eMail: \_\_\_\_\_

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

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

Mailing Address if different than property address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Titleholder or Contact Buyer: \_\_\_\_\_

The exemption applies to land and improvements. Describe the methane gas conversion property and attach as a separate page. Attach a map of the project site showing all structures and land utilized in 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. Total assessed value of land and improvement of eligible methane gas.

Calculate the value subject to exemption in the following five steps.

(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: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**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).

Assessing Authority: \_\_\_\_\_ Date: \_\_\_\_\_