



MUNICIPALITY OF ANCHORAGE
APPLICATION FOR EXEMPTION
FIRE PREVENTION EQUIPMENT

Mail to:
 MOA Property Appraisal
 P.O. Box 196650
 Anchorage, AK. 99519-6650

Or return to:
 Property Appraisal
 632 W. 6th Ave, #330
 Anchorage
 (907) 343-6770

Exemption application must be returned or postmarked no later than **March 15** of the tax year.

Name of Owner: _____ Date: _____

Parcel Identification Number: _____

Legal Description: _____

Address where system is located: _____

Type of Structure: _____

Type of System: _____

Date system installed: _____ Square Feet covered: _____

Authorized Inspection by: _____ Date: _____

Inspection results: Passed: _____ Failed: _____

Current Sprinkler Inspection Certification / Approval must be attached.

I hereby certify that the above is true and correct and the fire prevention equipment is properly installed and operating on the property described above.

Print Name: _____ Title: _____

Signature: _____ Phone: _____

Address: _____

FOR ASSESSOR'S USE ONLY

Appraiser's comments: _____

Attach exemption worksheet, cost & ICS sheets.

Exemption Amount: \$ _____ = _____ % of building value.

Property Appraisal inspection by: _____ Date: _____

Assessor's Decision: Approved / Disapproved Initials: _____ Date: _____

Exemption Activated: Customer Svc: Initials: _____ Date: _____