Government Vehicle Exemption

PRINT or TYPE:		
	Name of Agency	
	Name & Title of Person Completing Affidavit	
	Agency Address	
	City, State, Zip	
AFFIDAV	Telephone Number	<u></u>
STATE OF KANSAS)) SS:		
COUNTY OF LEAVENWORTH)		
	cing first duly sworn, on oath, depose and state that:	
(1) I am the(Position, Tide)	of (Agency Name)	 ,
a political or taxing subdivision of the State of Kansas.	(Agusty Attack)	
(2) Said agency is the owner of a vehicle, more fully des	cribed as:	_
20 If said vehicle is permanently removed from Leavenworth County Appraiser's Office within thirty (30) days of its	removal. rposes. If the agency discontinues using said vehicle exclusive	ly for
	Signature of Texpayer	
SUBSCRIBED AND SWORN to before me, the undersigned, on the	day	of
	Notary Public	-
My appointment expires		