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## Request for Property Classification to be changed from Primary Residential to Secondary Residential

### PROPERTY OWNER INFORMATION

Property Owner(s) Name	Home Phone	Work Phone
Property Owner Address		
City	State	Zip

### PROPERTY INFORMATION

Property Parcel Serial Number for Subject Property	Tax Year
Location or Address of Subject Property	

### USE OF PROPERTY

Describe the Current Use of the Subject Property and State If You Have Personal Knowledge of Such Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes \_\_\_ No \_\_\_ Owner(s) currently resides on the Subject Property.

Yes \_\_\_ No \_\_\_ Owner(s) spouse and children reside on the Subject Property.

Yes \_\_\_ No \_\_\_ Owner(s) claims a residential property exemption on another property.

Yes \_\_\_ No \_\_\_ Property is being leased to a tenant as a full time residence.

### SIGNATURES

I understand that the Residence will no longer receive the benefit of the Primary Residential Exemption and will be taxed at full market value.

Signature of Property Owner(s)

Date

X

X