

**FULTON COUNTY BOARD OF ASSESSORS**  
**EXEMPT PROPERTY**  
**VERIFICATION QUESTIONNAIRE**

Owner: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person & Number: \_\_\_\_\_

**This property qualifies for exempt status as: (Circle)**

- A. Non-profit home for the Aged or Mentally Handicapped
- B. Property used for charitable purposes (Purely Public Charity).  
Describe Charitable Purpose: \_\_\_\_\_
- C. Place of Religious Worship  
Name: \_\_\_\_\_
- D. Place of Religious Burial
- E. Non-income producing residences owned by places of Religious Groups.
- F. Non-profit hospitals
- G. Public Property
- H. Educational Institution
- I. Other (Please explain)

Has the owner's 501c3 status been revoked or placed under sanction by the IRS? If yes or if reinstated, when? \_\_\_\_\_

Is the property vacant? If yes, date of vacancy? \_\_\_\_\_ .  
Has use of the property changed? If yes, when? Describe current use. \_\_\_\_\_

Provide further explanation below and/or attach additional information, if necessary.