Please return the enclosed form, notarized, plus a copy of your most recent paid Park County tax receipt (you must pay the tax). I will issue you a refund and turn your tax receipt form into the Assessor’s Office, so the Paradise Television Tax or Shields Valley Television tax can be removed from your future property tax bill. If you do not have a copy of your paid tax receipt you can obtain one from the Park County Treasurer’s Office.

If you only want the tax removed, just fill out the form and return it. Be sure your taxpayer number is on the form. It is on the upper right corner of your bill.

If you have more than one property that is being taxed, I will need a form and tax receipt for each.

Once a refund has been issued, please check your future tax bill(s) to make sure the tax has been removed.

Thank you.

Billie Kaye Harms, Treasurer
Paradise Valley TV Tax District
Shields Valley TV Tax District
PARADISE VALLEY TELEVISION TAX DISTRICT
SHIELDS VALLEY TELEVISION TAX DISTRICT

PARADISE BOARD MEMBERS
GENEVIEVE ESSIG
STUART SITES

SHIELDS VALLEY BOARD MEMBERS
BOB QUEEN
TOM SARRAZIN
BILLIE KAYE HARMS

STATE OF MONTANA
County of Park

I, ____________________________

(please print name)

being first duly sworn on oath, deposes and says:

That I do not receive the signal of the television translator stations of the Paradise Valley or Shields Valley Television Tax Districts. That I do not receive any benefit from the existence of the said Districts. Therefore I claim to be held exempt from the payment of the tax provided by law, for the support of said Paradise Valley Television Tax District or Shields Valley Television Tax District.

I also understand that if in the future, if I do make use of the television signal of the Paradise Valley or Shields Valley Television Tax District translator stations, I will notify the Directors of said Paradise Valley Television Tax District, or Shields Valley Television Tax District.

I fully understand that under the laws of the State of Montana, it is a misdemeanor to make a false or fraudulent claim for exemption from said tax.

TAX PAYER NUMBER ____________________________  Paradise __ Shields __

(Top right corner of property tax bill)

(check one)

________________________________________  Date ______

Signature of Claimant

________________________________________  Mailing Address

________________________________________  Town

________________________________________  State  Zip

Subscribe and sworn to before me on this ___ day of ______, 20___

________________________________________  NOTARY PUBLIC OF THE STATE OF MONTANA

Residing at: ________________________________

My Commission Expires: _______________________

RETURN THIS NOTARIZED FORM ALONG WITH A COPY OF YOUR MOST RECENT PAID PARK COUNTY TAX RECEIPT TO THE ADDRESS BELOW.

PO Box 1220, Livingston, MT 59047  406-222-3146