



DEPARTMENT OF ASSESSING
45 BEACON ST. E
LACONIA NH 03246
☎ 603.527.1268
📠 603.524.1520

Institutional Exemption Form

Date: _____
Applicant Name: _____
Mailing Address: _____
Primary Contact Name: _____ Phone Number: _____
Email: _____

Is a completed A-9 form included? Yes___ No___
If Educational or Charitable, is a completed A-12 included? Yes___ No___
If not, when do you expect to submit it prior to June 1st: _____

On April 1st were all properties included in the A-9 form owned by the applicant?
Yes___ No___

Are all the properties occupied by the applicant as listed on the A-9?
Yes___ No___

Are the properties primarily used by the applicant for the stated purpose listed on the A-9?
Yes___ No___

Is the property occupied or used by any other individuals, groups, organizations?
Yes___ No___

Please describe the uses:

Individual/Organization	Use	Frequency

If more uses by other individuals or organizations exist, please use the back of this page or attach further pages.

I attest that this information is accurate to the best of my knowledge. I understand that the Assessing Department may reach out for further information or documentation to evaluate how this property meets the requirements for exemption as laid out in RSA 72:23.

Applicant's Primary Contact (please print): _____
Primary Contact's Signature: _____
Date: _____