

Oklahoma Tax Commission

Notice of Approval or Disapproval of Manufacturer's Ad Valorem Tax Exemption
by County Assessor and County Board of Equalization

To: Applicant: AMERICAN TISSUE INDUSTRY Application Number: XM-3
Address: 50 N COUNCIL RD

Please Complete the Following:

The application for exemption has been **APPROVED** for the total requested in the amount of \$ 693,837
by: OKLAHOMA County Assessor

The application for exemption has been **APPROVED IN PART** in the amount of \$ _____
by: _____ County Assessor

The following property has been disapproved for exemption for the reasons indicated:

The application for exemption has been **DISAPPROVED** in the amount of \$ _____
by: _____ County Assessor

For the following reasons:

Please Complete the Following:

The application for exemption has been **APPROVED** for the total requested in the amount of \$ 693,837
by: OKLAHOMA County Board of Equalization

The application for exemption has been **APPROVED IN PART** in the amount of \$ _____
by: _____ County Board of Equalization

The following property has been disapproved for exemption for the reasons indicated:

The application for exemption has been **DISAPPROVED** in the amount of \$ _____
by: _____ County Board of Equalization

For the following reasons:

All applications approved by the County Assessor, in whole or in part, are subject to review and approval by the County Board of Equalization and the Oklahoma Tax Commission. Any person whose previously approved application for exemption has been denied or changed by the Board of Equalization may, **WITHIN TEN (10) DAYS** from receipt of this notice, file a complaint with the County Clerk requesting a hearing thereon. The complaint shall set forth the reasons why the exemption should be allowed and all pertinent facts in relation thereto. The applicant will be notified of the time and place of such hearing, and will be afforded the opportunity to present evidence in support of his claim for exemption. If complaint is not filed within the time specified, the determination of the board will become final.

County Board of Equalization

Signature: _____
Sec. (County Clerk)

Date: _____

County Assessor

Signature:  _____

Date: 3/15/25