FURTHER STATEMENT OF ORGANIZATION CLAIMING PROPERTY TAX EXEMPTION

(N.J.S.A. 54:4-4.4; & 54:4-3.5; 54:4-3.6; 54:4-3.6a; 54:4-3.9; 54:4-3.10; 54:4-3.13; 54:4-3.15; 54:4-3.24; 54:4-3.25; 54:4-3.26; 54:4-3.27; 54:4-3.35; 54:4-3.52; 54:4-3.64; & N.J.S.A. 8A:5-10 et al)

15C

IMPORTANT File this claim in **duplicate** with **municipal assessor** of taxing district where property is located **no later than November 1 of every third succeeding year**, updating the organization's status. Separate claims must be filed for each parcel. See instructions.

1. CLAIMANT ORGANIZATION NAME

BOROUGH OF SOUTH PLAINFIELD RESCUE SQUAD

2. ORGANIZATION ADDRESS (Corporate Headquarters)

2520 Plainfield Ave

3. CONTACT INDIVIDUAL, REPRESENTATIVE, OFFICER for ORGANIZATION

Name	Phone #	E-Mail Address	Fax #
Robert A Nolan	732-464-1532	President@SouthPlainfieldEMS.org	

SAA

Postal Mailing Address

4. EXEMPT PROPERTY LOCATION IN NEW JERSEY for which continued exemption is claimed

2520 PLAINFIELD AVENUE, SOUTH PLAINFIELD, NJ 07080

Street Address	City			Zip Code
MIDDLESEX	SOUTH PLAINFIELD	273	9	
County	Municipality	Block #	Lot #	Qualifier

5. CONFIRMATION OF FILING OF INITIAL STATEMENT

Initial Statement claiming exemption from taxation for the above mentioned real property in item #4 was filed on 1970 (Date) with the assessor of the aforementioned municipality.

6. PHYSICAL and/or USE CHANGES of the aforementioned real property in item #4

Fully describe any **physical changes** that have occurred since the filing of the previous Initial or Further Statement.

Total Land Area (Sq. Ft./Acreage) _____

Land is ☐ Vacant or ☐ Improved with buildings and/or structures? (Check one)

If improved, state number of buildings and/or structures _____ State building(s) size in square feet _____

Fully describe building(s)/structure(s) type _____

State $ amount for which improvements are insured _____

Fully describe any **changes** in the use that have occurred since the filing of the previous Initial or Further Statement.

If vacant land, state purpose, area used and size for each use. If not used, state none _____

If improved with buildings and/or structures, state uses of each _____

Are land and/or buildings used for originally stated purposes of claimant organization? ☐ No ☑ Yes

If yes, ☐ Entirely or ☐ Partially? Explain if used for other than claimant organization's purposes or if used or occupied by other than the claimant organization _____

Are land and/or buildings leased or rented by other than claimant organization? ☒ No ☐ Yes

If yes, ☐ Entirely or ☐ Partially? Percentage of property leased _____ % **Attach** copy lease/rental agreement.

Explain rental uses _____

State tenant names and rental income received.

Is commercial business conducted on premises? ☒ No ☐ Yes If yes, explain

7. COMPENSATION/REMUNERATION CHANGES

Fully describe any changes that have occurred since the filing of the previous Initial or Further Statement.

List names of individuals, officers, entities receiving compensation, salaries, allowance, monetary profits from claimant organization and dollar amounts received. If none, state none. Supporting financial data may be required by assessor.

8. PROPERTY OWNERSHIP CHANGES/DISPOSITIONS

Has any portion of the real property described in item 4, for which exemption has previously been claimed and allowed, been rented, sold or otherwise disposed of since the filing of the prior Initial or Further Statement? Yes ☐ No ☒

If yes, describe the property and state to whom conveyed and date of conveyance. _____

9. PROPERTY NEWLY ACQUIRED for which exemption is claimed

Has any new or additional real property been acquired by claimant since the filing of the previous Initial or Further Statement? Yes ☐ No ☒ Property Location _____

If yes, an Initial Statement, Form I.S., as to such new or additional real property must be filed with the assessor.

10. SIGNATURE, DATE & TITLE OF OFFICER CLAIMING EXEMPTION FOR ORGANIZATION

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature _____ **Official Title or Position** President **Date** 11-7-17

RECEIVED
NOV 07 2017
ASSESSOR'S OFFICE

Official Use ☐ Denied ☑ Approved Exempt Property Code _____

Assessor _____ Date 11/9/17

Form F.S. Rev. April 2002. This form is prescribed by the Director, Division of Taxation, as required by law, and may not be altered without the approval of the Director.

FURTHER STATEMENT OF ORGANIZATION CLAIMING PROPERTY TAX EXEMPTION

(N.J.S.A. 54:4-4.4; & 54:4-3.5; 54:4-3.6; 54:4-3.6a; 54:4-3.9; 54:4-3.10; 54:4-3.13; 54:4-3.15; 54:4-3.24; 54:4-3.25; 54:4-3.26; 54:4-3.27; 54:4-3.35; 54:4-3.52; 54:4-3.64; & N.J.S.A. 8A:5-10 et al)

IMPORTANT File this claim in **duplicate** with **municipal assessor** of taxing district where property is located **no later than November 1 of every third succeeding year,** updating the organization's status. Separate claims must be filed for each parcel. See instructions.

1. CLAIMANT ORGANIZATION NAME
So. PLAINFIELD RESCUE SQUAD

2. ORGANIZATION ADDRESS (Corporate Headquarters)
2520 PLAINFIELD AVE, SOUTH PLAINFIELD, N.J. 07080

3. CONTACT INDIVIDUAL, REPRESENTATIVE, OFFICER for ORGANIZATION

Name	Phone #	E-Mail Address	Fax #
RICHARD GILSON	908-391-2546	RGILSON3@VERIZON.NET	

Postal Mailing Address

4. EXEMPT PROPERTY LOCATION IN NEW JERSEY for which continued exemption is claimed

Street Address	City			Zip Code
2520 Plainfield Ave.	So. PLFD NJ.			07086
County	**Municipality**	**Block #**	**Lot #**	**Qualifier**
Middlesex	So. Plainfield	273	9	

5. CONFIRMATION OF FILING OF INITIAL STATEMENT
Initial Statement claiming exemption from taxation for the above mentioned real property in item #4 was filed on 1970 (Date) with the assessor of the aforementioned municipality.

6. PHYSICAL and/or USE CHANGES of the aforementioned real property in item #4
Fully describe any **physical changes** that have occurred since the filing of the previous Initial or Further Statement.
Total Land Area (Sq. Ft./Acreage) 1.42 ACRES
Land is ☐ Vacant or ☒ Improved with buildings and/or structures? (Check one)
If improved, state number of buildings and/or structures 1 State building(s) size in square feet ± 9200
Fully describe building(s)/structure(s) type 1½ STORY BRICK/BLOCK/FRAME CONSTRUCTION
State $ amount for which improvements are insured $750,000
Fully describe any **changes** in the **use** have occurred since the filing of the previous Initial or Further Statement.
If vacant land, state purpose, area used and size for each use. If not used, state none NONE

If improved with buildings and/or structures, state uses of each. HOUSING AMBULANCES/RESCUE SUPPORT VEHICLES, SQUAD OPERATIONS HEAD QUARTERS

Are land and/or buildings used for originally stated purposes of claimant organization? ☐ No ☒ Yes
If yes, ☒ Entirely or ☐ Partially? Explain if used for other than claimant organization's purposes or if used or occupied by other than the claimant organization N/A

Are land and/or buildings leased or rented by other than claimant organization? ☒ No ☐ Yes
If yes, ☐ Entirely or ☐ Partially? Percentage of property leased ____% **Attach** copy lease/rental agreement.
Explain rental uses N/A MEMBER USE ONLY
State tenant names and rental income received.

Is commercial business conducted on premises? ☒ No ☐ Yes If yes, explain

7. COMPENSATION/REMUNERATION CHANGES
Fully describe any changes that have occurred since the filing of the previous Initial or Further Statement.
List names of individuals, officers, entities receiving compensation, salaries, allowance, monetary profits from claimant organization and dollar amounts received. If none, state none. Supporting financial data may be required by assessor.
N/A

8. PROPERTY OWNERSHIP CHANGES/DISPOSITIONS
Has any portion of the real property described in item 4, for which exemption has previously been claimed and allowed, been rented, sold or otherwise disposed of since the filing of the prior Initial or Further Statement? Yes ☐ No ☒
If yes, describe the property and state to whom conveyed and date of conveyance. N/A

9. PROPERTY NEWLY ACQUIRED for which exemption is claimed
Has any new or additional real property been acquired by claimant since the filing of the previous Initial or Further Statement? Yes ☐ No ☒ Property Location N/A
If yes, an Initial Statement, Form I.S., as to such new or additional real property must be filed with the assessor.

10. SIGNATURE, DATE & TITLE OF OFFICER CLAIMING EXEMPTION FOR ORGANIZATION
I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature Richard Gilson **Official Title or Position** TREASURER **Date** 11/2/2011

Official Use ☐ Denied ☐ Approved Exempt Property Code ____
Assessor ____ Date ____

Form F.S. Rev. April 2002. This form is prescribed by the Director, Division of Taxation, as required by law, and may not be altered without the approval of the Director.