AFFIDAVIT OF SUSPENSION OF PROPERTY TAXES FOR PERSONS IN MILITARY SERVICE (SECTION 10-1-606, MCA)
**** MONTANA RESIDENT ONLY ****

GEO CODE # _____

LEGAL DESCRPTION _____

_____

_____

RECORD OWNER: _____
ADDRESS: _____
CITY, STATE, ZIP _____

- ❑ Active Duty Serving Outside Montana
- ❑ Hospitalized from injuries sustained while serving

- Interest will not accrue until one year after the taxpayer is released from active duty.
- Interest will not accrue until one year after the taxpayer is released from hospitalization from injuries sustained while serving.

_____Owner _____ Co-Owner _____ Agent

X_____ _____
Signature Date

State of _____)
: ss
County of _____)

On this ___ day of _____, _____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared _____, known to me to be the person or persons whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

_____Notary
Public for the State of _____
Residing at _____
My Commission expires: _____

(NOTARIAL SEAL)