

OTC 924-B
Tax Year 2020

Revised 11-2019

State of Oklahoma
INDIVIDUAL PERSONAL PROPERTY
BOAT DOCK RENDITION

Return to County Assessor by March 15



Item# _____ (or) Account # _____ Phone Number(s) _____ Cell: _____ Email Address _____ Name _____ Mailing Address _____ City, State, ZIP _____	All taxable property in Oklahoma is required to be rendered to the county assessor between January 1 and March 15 of each year by the owner or person in control of such property. Property rendered after March 15 but before April 15 shall have a mandatory ten percent penalty applied. Property rendered after April 15 shall have a twenty percent penalty applied. (68 O.S. Sec. 2836C)
PLEASE PRINT OR TYPE	

LEGAL DESCRIPTION:	School District
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Is applicant on active duty or an honorably discharged veteran? Yes No

Do you still own this boat dock or slip? Yes No If NO, provide new owner information.
 Is all of the above information correct? Yes No If NO, provide the correct information in the area below.

PART I: BOAT DOCK INFORMATION - Provide the following information to assist in the proper valuation of your dock.

SIZE: L X W	NUMBER OF SLIPS	NUMBER OF LIFTS	YEAR BUILT (IF KNOWN)	YEAR ACQUIRED	PURCHASE PRICE OR ORIGINAL COST (IF KNOWN)

PLEASE CHECK

Roof:	<input type="checkbox"/>	Covered	or	<input type="checkbox"/>	Uncovered
Decking:	<input type="checkbox"/>	Wood	or	<input type="checkbox"/>	Composite
Frame:	<input type="checkbox"/>	Steel	or	<input type="checkbox"/>	Galvanized
Foam:	<input type="checkbox"/>	Encapsulated	or	<input type="checkbox"/>	Non-Encapsulate
Electricity:	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No

NOTES:

Under penalty of perjury, I the undersigned, affirm that all information provided and herein contained are true and correct to the best of my knowledge.

	Signature of preparer if other than taxpayer _____	Date _____	Preparer's address _____
	Signature of taxpayer _____	Date _____	Preparer's identification number _____ Preparer's phone number _____

ASSESSOR ONLY: TOTAL OF VALUES

Assessor/Deputy _____ Date _____	Total Value\$ _____ X Assessment %\$ _____ Penalty _____ %\$ _____ Net Assessed Value\$ _____
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