OTC 924-B Tax Year 2024

Revised 11-2023

State of Oklahoma Individual Personal Property Boat Dock Rendition



Return to County Assessor by March 15

| Legal Description: 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. | Item# (or) Account # Phone Number(s) Cell: Email Address Name Mailing Address | | | | | | 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 OS Sec. 2836C) | | | | |
|---|---|-----------|-------------------------------|------------------------------|-------------------|--------------------------------------|--|-----------------|--------------------|-----------------------|--|
| 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: Number of Lifts Year Built Year Acquired Purchase Price or Original Cost (if known) PLEASE CHECK Roof: Covered or Uncovered Decking: Wood or Composite Frame: Steel or Galvanized Foam: Encapsulated or Non-Encapsulate Electricity: Yes No | City, State, ZIP | | | | | | Please print or type. | | | | |
| Do you still own this boat dock or slip? | Legal D | escriptio | | | | | | | | | |
| Size: Number of Covered Covered Composite Frame: Steel Steel Frame: Steel Frame: Encapsulated Electricity: Yes No If NO, provide the correct information in the area below No If NO, provide the correct information in the area below 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. Year Built Year Purchase Price or Original Cost (if known) Acquired Purchase Price or Original Cost (if known) PLEASE CHECK Covered Or Uncovered Composite Frame: Steel Or Galvanized Foam: Encapsulated Or Non-Encapsulate Electricity: Yes No | Is applicant on active duty or an honorably discharged veteran? Yes No | | | | | | | | | | |
| Size: L x W Slips Number of Lifts Year Built (if known) Acquired Purchase Price or Original Cost (if known) PLEASE CHECK Roof: Covered or Uncovered Decking: Wood or Composite Frame: Steel or Galvanized Foam: Encapsulated or Non-Encapsulate Electricity: Yes No | | | | | | | | | | | |
| LxW Slips Lifts (if known) Acquired Original Cost (if known) PLEASE CHECK Roof: Covered or Uncovered Decking: Wood or Composite Frame: Steel or Galvanized Foam: Encapsulated or Non-Encapsulate Electricity: Yes No | Part I: Boat Dock Information - Provide the following information to assist in the proper valuation of your dock. | | | | | | | | | | |
| Decking: Wood or Composite Frame: Steel or Galvanized Foam: Encapsulated or Non-Encapsulate Electricity: Yes No | | | | | | | | | | | |
| Decking: Wood or Composite Frame: Steel or Galvanized Foam: Encapsulated or Non-Encapsulate Electricity: Yes No | | | | | | | | | | | |
| Notes: | PLEASE CHECK | | Decking: Frame: Foam: | Wood Steel Encapsulated | or or | Composite Galvanized Non-Encapsulate | | | | | |
| | 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 | | Under pe | enalty of perjury, I the unde | rsigned, affirm that all inf | ormation provided | and herein | contain | ed are true and | d correct to the b | pest of my knowledge. | |
| Don't Forget to Sign Signature of preparer if other than taxpayer Date Preparer's address Signature of taxpayer Date Preparer's identification number Preparer's phone number | Forget to Sign Signature of preparations | | | | · | | | | Preparer's | s phone number | |
| | | | | | | | | | | | |
| Assessor Only: Total of Values Total Value\$ | | | | | | | | | | | |
| X Assessment %\$ | Assessor/Deputy | | | | | | | | | | |
| Date Net Assessed Value\$ | Date | | et Assessed Value\$ | | | | | | | | |