



**TOWN OF AVON
APPLICATION FOR EXEMPTION
FROM REAL PROPERTY TRANSFER TAX**

Grantee(s) (Buyer(s)): _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Date of Conveyance/Closing: _____ Purchase Price/Consideration: _____

Complex Name: _____ Building/Unit: _____

Street Address: _____

Title Company or Lawyer: _____ E-Mail Address: _____

The undersigned hereby applies for exemption of the above real estate transaction from the payment of the Town of Avon Real Property Transfer Tax. The basis of the application for exemption is as follows:

- | | |
|---|---|
| <input type="checkbox"/> (1) – Transfer to or from Governmental Entity | <input type="checkbox"/> (11) – Mineral or Royalty Interest |
| <input type="checkbox"/> (2) – Gift/Charity | <input type="checkbox"/> (12) – Debt Security |
| <input type="checkbox"/> (3) – Termination of Joint Tenancy | <input type="checkbox"/> (13) – Foreclosure, Sheriff’s, Public Trustee, or Treasurer’s Deeds |
| <input type="checkbox"/> (4) – Death, Will, or Decree of Distribution | <input type="checkbox"/> (14) – IRS Tax Free or Tax Deferred trade |
| <input type="checkbox"/> (5) – Capital Investment or Reorganization of Trusts, Corporations, LLCs, etc. | <input type="checkbox"/> (15) – Conveyance for Construction of Community Housing |
| <input type="checkbox"/> (6) – Bankruptcy | <input type="checkbox"/> (16) – Transfer of Community Housing (Deed Restricted) |
| <input type="checkbox"/> (7) – Correction of Previously Recorded Transfer | <input type="checkbox"/> (17) – Primary Residence (Section 17) (\$30 fee)
<input type="checkbox"/> Request 90 Day Move-In Extension |
| <input type="checkbox"/> (8) – Cemetery Lots | <input type="checkbox"/> (18) – Subsequent Primary Residence (Section 18) (\$30 fee) <input type="checkbox"/> Request 90 Day Move-In Extension |
| <input type="checkbox"/> (9) – Condemnation | <input type="checkbox"/> (19) – Primary Residence Alternative (Section 19) (\$30 fee) <input type="checkbox"/> Request 90 Day Move-In Extension |
| <input type="checkbox"/> (10) – Lease < 25 Years | |

Explanation (Attach additional information as needed. See instructions for required documents.):

I hereby certify under penalty of perjury that the foregoing statements are true and correct.

Date

Date

**Avon Real Property Transfer Tax
Exemption Application Approved:**

Town Manager or Designee

Date

*****Allow Up to 30 Days for Processing per Chapter 3.12 of the Avon Municipal Code***
Return application to Town of Avon, Finance Dept, PO Box 975, Avon CO 81620**

Revised per Ordinance 19-05 effective 12/19/2019

Finance Department Fee Paid (if applicable): _____ Initials: _____
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