

**Tax Year 2017**  
**OTC**  
**924-B**  
 Revised 7-2016



**INDIVIDUAL PERSONAL PROPERTY  
 BOAT DOCK RENDITION**

(This Statement is Privileged & Confidential)  
**Ken Yazel, Tulsa County Assessor**  
 ATTN: Business Personal Property Dept.  
 500 S Denver Ave., Suite 215 • Tulsa, OK 74103  
 918.596.5153 or 918.596.5114 • www.assessor.tulsacounty.org

Assessing Date  
 January 1.  
 Must be mailed  
 by March 15 to  
 avoid penalties.



Item# or Account #  Phone Number(s) <span style="margin-left: 200px;">Cell:</span>  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 O.S. Sec. 2836C)
<b>PLEASE PRINT OR TYPE</b>	

<b>LEGAL DESCRIPTION:</b>	School District
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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:**

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<b>Don't Forget to Sign</b>  	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 Taxpayer		Date
	Signature of Preparer		Preparer's Address
	Preparer's Identification Number	Phone Number	Preparer's City, State, Zip

**ASSESSOR ONLY: TOTAL OF VALUES**

	Total Value .....\$ _____
	X Assessment % .....\$ _____
Assessor/Deputy _____	Penalty _____% .....\$ _____
Date _____	<b>Net Assessed Value</b> .....\$ _____