

OTC 924-B
Tax Year 2025

Revised 11-2024



**INDIVIDUAL PERSONAL PROPERTY
BOAT DOCK RENDITION**
(This Statement is Privileged & Confidential)
John A. Wright, Tulsa County Assessor
ATTN: Business Personal Property Dept.
218 W Sixth St., 5th Floor • Tulsa, OK 74119
918.596.5114 • assessor.tulsacounty.org

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



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 OS 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	or	<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.

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 _____

Assessor Only: Total of Values

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