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:

☐ (1) – Transfer to or from Governmental Entity
☐ (2) – Gift/Charity
☐ (3) – Termination of Joint Tenancy
☐ (4) – Death, Will, or Decree of Distribution
☐ (5) – Capital Investment or Reorganization of Trusts, Corporations, LLCs, etc.
☐ (6) – Bankruptcy
☐ (7) – Correction of Previously Recorded Transfer
☐ (8) – Cemetery Lots
☐ (9) – Condemnation
☐ (10) – Lease < 25 Years
☐ (11) – Mineral or Royalty Interest
☐ (12) – Debt Security
☐ (13) – Foreclosure, Sheriff's, Public Trustee, or Treasurer's Deeds
☐ (14) – IRS Tax Free or Tax Deferred trade
☐ (15) – Conveyance for Construction of Community Housing
☐ (16) – Transfer of Community Housing (Deed Restricted)
☐ (17) – Primary Residence (Section 17) ($26 fee) ☐ Request 90 Day Move-In Extension
☐ (18) – Subsequent Primary Residence (Section 18) ($26 fee) ☐ Request 90 Day Move-In Extension
☐ (19) – Primary Residence Alternative (Section 19) ($26 fee) ☐ Request 90 Day Move-In Extension

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.

_____ _____ _____ _____
Grantee(s) Date Grantee(s) 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: _____