## Box Elder County 2024 Circuit Breaker Abatement Form

Applicant Information					
Last Name		First Name	M.I.	•	Birth Date
Property Address		City		State	Zip
Phone Number		Primary Residence Parcel Number			SS#
January 1st 2024. Income	verification is requ	e and non-taxable income, for a uired (Tax forms, statements, e	-	s living in t	the home
2023 Household Income*	Amount	Disease shook all that apply			
Wages/salaries		Please check all that apply  I will be at least 66 by December 31, 2024			
Social Security  I will be <b>at least 66</b> by Dece Pensions/Annuities  I am a Widow or Widower			mber 31, 2	2024	
Interest/Dividends		My <b>Household Income*</b> in 2023 was less than \$40,840			
Capital Gains		I will live in Utah for all of 2024			
Other Income		This home is my primary residence Jan. 1, 2024			
Total 2023 Income		This name is my primary residence sain. 1, 2024			
		t of my knowledge and understanat I am a resident of Box Elder	_	nat this info	ormation
Signature of applicant					Date
Received by				Date	
Return this for	m as soon as	s possible to:	For Office		
Box Flder C	ounty - Audit	or's Office		CB 20 Mkt	
	ne South Mai			Ind	
	am City, UT 8	-			
Questions - Please call 435-734-3363				Total	