

**OTC 924-B  
Tax Year 2024**

Revised 11-2023

**State of Oklahoma  
Individual Personal Property  
Boat Dock Rendition**

Return to County Assessor by March 15



OSAGE COUNTY ASSESSOR OFFICE 600 GRANDVIEW ROOM 101 PAWHUSKA, OK 74056 (918) 287-3448

Item#  Phone Number(s)  Email Address  Name  Mailing Address  City, State, ZIP	(or) Account #  Cell:	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)
		<b>Please print or type.</b>

<b>Legal Description:</b>	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		<input type="checkbox"/> No

**Notes:**

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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.

<b>Don't Forget to Sign</b>  	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 _____% .....\$ _____
	<b>Net Assessed Value .....\$ _____</b>