

AFFIDAVIT FOR UTILITY EXEMPTION

STATE OF MISSISSIPPI, COUNTY OF					BEFORE ME, the undersigned authority, on	
this day personally appeared(Organization	(County	of Nota	ary Pul	of	(Organization Name)	
who after being by me first duly sworn, on oath d	Representative leposed and said	<mark>/e's N</mark> an l:	ne)		(Organization Name)	
Under the penalty of perjury, I hereby certify t	that the organiz	zation na	med al	ove is a (Ch	oose only ONE of the following entities)	
■ Manufacturer. I further certify that purchases organization named above will be utilized dire Code Ann. § 27-65-107(f).						
	Custom Processor. I further certify that purchases of electricity, current, power, natural gas, liquefied petroleum gas or other fuel sold to the organization named above will be utilized directly in the organization's commercial operations and meets the criteria provided for in Miss. Code Ann. § 27-65-107(f).					
☐ Technology Intensive Enterprise. I further ce fuel sold to the organization named above w provided for in Miss. Code Ann. § 27-65-17(1)(vill be utilized of					
□ Public Service Company. I further certify that sold to the organization named above will be purposes which includes that used to generate compressors or pumping stations or to operate r	utilized directly e electricity, to o	in the or	rganizat n electr	tion's comme	rcial operations and will be used for industrial on or transmission system, to operate pipeline	
☐ Agricultural Producer or Processor. I further or other fuel sold will be used directly by the products, marine agriculture processing of poultry and livestock feed and the	roducer or proce products, milk	essor nan products,	ned abo	ve in the production of pl	duction of poultry products, livestock products, ants or food by commercial horticulturists, the	
☐ Fisherman, Shrimper or Oysterman. See M	liss. Code Ann. §	§ 27-65-1	07(h).			
applicable rate of interest per month provided in Mississippi Department of Revenue. Finally, I ac notify the dealer so that applicable sales tax rates in the organization for the tax due, including penalty. Visit our website at www.dor.ms.gov for more	knowledge that may be charged of and interest, as s	if the org on future stated abo	ganizati purcha ove.	on ceases ope ses, and that f	erating as the selected eligible organization I will	
WITNESS MY SIGNATURE, this the			_	_		
(Representative's Printed Na	ıme)			(Re	epresentative's Signature)	
(Organizatio	on's Mailing S	treet Ad	ldress,	City, State	, Zip Code)	
Work Phone # () -	Alt. Phone #	()	-	Email	
N	OTARY PUBL	IC ACK	NOW	LEDGMENT	Γ	
STATE OF MISSISSIPPI, COUNTY OF						
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Personally appeared before me, the undersign	ned authority in	and for	the said) I county and s	state, on this day of,	
Personally appeared before me, the undersign	ned authority in	and for	the said	l county and s	state, on this, day of,	
Personally appeared before me, the undersig 20, within my jurisdiction, the within name	ned authority in ned	and for	the said	l county and s	tate, on this day of, , who acknowledged that he/she is the	
Personally appeared before me, the undersig 20, within my jurisdiction, the within name of Representative's Relationship/Position he/she executed the above and foregoing instruments.	ned authority in ned	and for	the said	l county and s	tate, on this day of, , who acknowledged that he/she is the	
Personally appeared before me, the undersig 20, within my jurisdiction, the within name	ned authority in ned	epresen Organiza	tative'	s Name Name zed to do so.	tate, on this day of,, who acknowledged that he/she is the	
Personally appeared before me, the undersig 20, within my jurisdiction, the within name	ned authority in ned	epresen Organiza	tative'	S Name Name zed to do so. Public Name:	, who acknowledged that he/she is the and that in said representative capacity	
Personally appeared before me, the undersigned 20, within my jurisdiction, the within name of Representative's Relationship/Position he/she executed the above and foregoing instruments.	ned authority in ned	epresen Organiza een duly	tative' tion's authori	Name Zed to do so. Public Name: Signature:	, who acknowledged that he/she is the and that in said representative capacity	