



# Disabled American Veterans Notification of Denial of Exemption

## Veteran Information

Name of Exempt Veteran \_\_\_\_\_ Exemption Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number of Veteran (with area code) \_\_\_\_\_

## Person Denied Exemption Information

Name of Person Denied Exemption (if other than veteran named above) \_\_\_\_\_  
Relationship to Veteran \_\_\_\_\_  
Phone Number of Person Denied Exemption (with area code) \_\_\_\_\_

## Denial Information

Denial Date \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
Business City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Person Refusing to Accept Exemption Card \_\_\_\_\_  
Brief Description of What Happened \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Denied Exemption \_\_\_\_\_ Date \_\_\_\_\_

**Complete and mail to: Oklahoma Tax Commission  
Field Services, Collections Division  
Post Office Box 53341  
Oklahoma City, OK 73152**