

DATE RECEIVED
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APPLICATION FOR VALUATION DEDUCTION FOR DESTROYED OR DAMAGED REAL PROPERTY

**ANSWER ALL QUESTIONS AND TYPE OR PRINT ALL INFORMATION
READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM**

1. OWNER'S NAME	_____		
2. OWNER'S ADDRESS	_____		
	CITY/STATE	ZIP	
3. OWNER'S TELEPHONE NUMBER ()	_____		

4. PARCEL NUMBER OF DAMAGED PROPERTY	_____		
5. ADDRESS OF DAMAGED PROPERTY	_____		
	CITY/STATE	ZIP	
6. COUNTY WHERE LOCATED	_____		
7. DATE DAMAGE OCCURRED	_____		
8. CAUSE OF DAMAGE	_____		
9. DESCRIPTION OF DAMAGE	_____		

10. ESTIMATED DOLLAR AMOUNT OF DAMAGE \$	_____		
11. IF PROPERTY INSURED, AMOUNT OF INSURANCE RECEIVED \$	_____		

I declare under penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, it is true, correct and complete.

OWNER _____ DATE _____
Signature

Worn to and signed in my presence, this _____ day of _____

Notary Public