

Application no. \_\_\_\_\_

Date Received

## Application for Valuation Deduction for Destroyed or Damaged Real Property

Answer all questions and type or print all information. Please read instructions on back before completing form.

1. Owner's name \_\_\_\_\_
2. Owner's address \_\_\_\_\_
3. Owner's telephone number \_\_\_\_\_
4. Parcel number of damaged property \_\_\_\_\_
5. Address of damaged property \_\_\_\_\_
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 \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By the county auditor  
on behalf of the property owner \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

