

APPLICATION FOR VALUATION DEDUCTION FOR
DESTROYED OR INJURED 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

Sworn to and signed in my presence, this _____ day of _____, 19____

Notary Public