DTE	26
Rev.	05/22

Application	no.	

Application for Valuation Deduction for Destroyed or Damaged Real Property

Date	Received	

Date

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 By the county auditor

Signature

on behalf of the property owner____