

APPLICATION FOR VALUATION DEDUCTION FOR DESTROYED OR DAMAGED REAL PROPERTY

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 DAMAGED OCCURRED: _____
8. CAUSE OF DAMAGE: _____
9. DESCRIPTION OF DAMAGE: _____

10. ESTIMATED DOLLAR AMOUNT OF DAMAGE: \$ _____
11. IF 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 _____

Notary Public

Mail completed form to: Montgomery County Auditor's Office, 451 W. Third St., Dayton, OH 45422-1021
Notaries are available at the Auditor's Office, 3rd Floor, between 8 a.m. and 5 p.m. on normal business days.

If you have any questions, please call the Auditor's Office at 937-225-4326.

