DTE FORM	26 (revised	11/97
RC 319.38		

APP.	No.		

DATE RECEIVED

APPLICATION FOR VALUATION DEDUCTION FOR DESTROYED OR DAMAGED REAL PROPERTY

Answer all questions and type or print all information Read instructions before completing form

1.	OWNER'S NAME			
2.				
	CITY/STATE	ZIP		
<u>3.</u>	OWNER'S TELEPHONE NUMBER ()			
4.	PARCEL NUMBER OF DAMAGED PROPERTY			
	ADDRESS OF DAMAGED PROPERTY			
)		
6.	CITY/STATE ZIP COUNTY WHERE LOCATED			
	DATE DAMAGE OCCURRED			
8.				
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.				
VO	WNER DATE			
SW	orn to and signed in my presence, this day of	20		
	NOTARY PURIT	IC .		