

DTE FORM 26 (Revised 11/97)  
RC 319.38

APP. NO. \_\_\_\_\_

DATE RECEIVED
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### APPLICATION FOR VALUATION DEDUCTION FOR DESTROYED OR DAMAGED REAL 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 \_\_\_\_\_,

\_\_\_\_\_  
Notary Public