



**PETITION FOR SURVEY AND REASSESSMENT -  
REAL AND PERSONAL PROPERTY PARTIALLY  
OR TOTALLY DESTROYED BY DISASTER**

State Form 17592 (R7 / 12-10)

Prescribed by the Department of Local Government Finance

FORM 137R

FOR OFFICE USE ONLY

**INSTRUCTIONS:** This form must be filed with the County Assessor. It is recommended that taxpayers file this petition within twelve (12) months of the disaster; however, petitions may be accepted by the County Assessor at any time, as long as compliance with IC 6-1.1-4-11(b) can be achieved.

Pursuant to IC 6-1.1-4-11, the undersigned hereby petitions the County Assessor for a survey and reassessment of improvements and personal property described below. (Description must match legal description on Tax Bill Duplicate.)

Name of taxpayer (first, middle, last)			Telephone number after disaster (      )	
Address of taxpayer after disaster (number and street, city, state, and ZIP code)				
Date of disaster (month, day, year)		Kind of disaster		
County		Township		Parcel number
Section	Range	Lot number	Block	Addition
Location of property destroyed (number and street or Rural Route, city, state and ZIP code)				

Do not complete unless a reassessment is ordered.

**REAL PROPERTY REASSESSMENT**

TYPE OF STRUCTURE	ASSESSED VALUE OF IMPROVEMENTS	PERCENT OF DAMAGE	DATE (month, day, year)	REASSESSMENT (TOWNSHIP ASSESSOR)
	\$			\$
<b>TOTAL</b>				

Do not complete unless a reassessment is ordered.

**BUSINESS PERSONAL PROPERTY REASSESSMENT**

TYPE OF PROPERTY	ASSESSED VALUE	PERCENT OF DAMAGE	DATE (month, day, year)	REASSESSMENT (TOWNSHIP ASSESSOR)
	\$			\$

**AFFIDAVIT**

I, under oath, hereby declare that the statements contained in this petition are true and correct and constitute the basis for the survey and reassessment.

Signature of taxpayer	Name of taxpayer (please print or type)	Date signed (month, day, year)
Signature of assessor	Name of assessor (please print or type)	Date signed (month, day, year)

**COUNTY ASSESSOR ACTION**

Surveyor	Date of survey (month, day, year)	Ordered reassessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ordered reassessed (month, day, year)
Remarks			

**DISTRIBUTION:** Original - County Assessor; Copy - Township Assessor, if applicable; Copy - Taxpayer