

STATEMENT FOR DEDUCTION OF ASSESSED VALUATION (Fertilizer and Pesticide Storage Improvements)

State Form 45651 (R6 / 8-10)

correct in every material respect pursuant to I.C. 6-1.1-37-3.

Prescribed by the Department of Local Government Finance

FILING DATE: Must be filed prior to December 31st of the year preceding the year the deduction will first be applied.

All claims for deduction must be filed with the county auditor and accompanied by Proof of Certification of qualifying improvements obtained from the State Chemist. Direct written request for Proof of Certification along with drawings illustrating improvements complete with dimensions, height and thickness of walls, materials, tank locations, contents and capacities, in addition to documents to verify work done, i.e., statements and bills from contractors builders and suppliers, to:

Office of Indiana State Chemist, Purdue University 175 S. University St.

West Latayette, Indiana 4/90/-200	03	
Attributed to improvements made concerning pesticide and fertilizer storage, to		2.
CERTIFICATION STATEMENT		
STATE OF INDIANA, COUNTY OF		, SS:
I (We), certify that I (we) own the following described property on the 1(st) day of March 20) day of March 20 for
which a deduction from assessed valuation is hereby claimed.		
PROPERTY DESCRIPTION		
Taxing district	Township	Legal description or key number
Address of owner (number and street, city state, and ZIP code)		
I (we) hereby certify that the above statement is true, correct and complete:		
Signature of owner		Date (month, day, year)
FOR AUDITOR'S USE ONLY		
1. Assessed valuation AFTER improvements made:		\$
2. MINUS: Assessed valuation at 100% of TTV BEFORE improvements made:		\$
3. DIFFERENCE: INCREASE in assessed valuation:		\$
4. Assesed valuation elgible for deduction:		\$
Signature of auditor		Date (month, day, year)
I hereby verified that the above statements are found to be true and correct.	Name of assessing official (please print name	
Title of assessing official	Signature of assessing official	Date (month, day, year)
	DUCTION OF ASSESSED VALUATION rage Improvement Deduction	ON
Name of owner		
Description of property in county		Legal description or key number
Signature of auditor	Township	Date filed (month, day, year)
Any person commits a class D felony if he (she) makes and subscribes a property tax return statement or document that he (she) does not believe is		