

RETURN TO:
Jackson County Assessment Department
415 E 12th ST, Rm 1-M
Kansas City, MO 64106
(816) 881-1509 Fax: 881-3216



**Application for Removal of Residential Dwelling Value
from Assessment of Real Estate Due to a Disaster**

I hereby certify that the residential real property dwelling located at _____

_____ in Jackson County, Missouri.
Street Address City

Account Number: _____

became **uninhabitable** or was **destroyed** (circle which) **on** (date) _____,

as a result of fire _____, flood _____, tornado _____, or (specify other) _____.

FIRE REPORT OR OTHER DOCUMENTATION MUST ACCOMPANY THIS FORM.

Comments: _____

I understand that **if** this property becomes **reoccupied**, it will be reappraised as of the first day of the month following occupancy; and that **it is the property owner's responsibility** to notify the Assessment Department at **881-4661**, when the property is reoccupied. I furthermore certify that all information on this form is true and accurate to the best of my knowledge.

Name of Owner(s): _____
Print owner(s) name

Signature of Owner(s): _____ Date: _____

New Mailing Address: _____
Street Address

_____ City State Zip Code

any and all daytime
Phone Numbers: Business _____ Home _____ other _____

Email Address: _____

Date Reoccupied: _____

WARNING: To file this report fraudulently will result in penalties provided by law.