



Assessing Intake Form

Date: _____

Property Owner Name(s): _____
If property is in a Trust, please list the name of the Trust

Interested Party Name(s): _____

Contact Information: _____

Parcel Account Number(s): _____

Property Description(s): _____

Property Situs Address(s): _____

Are you currently working with an Appraiser? Yes No

If yes, Name of the Appraiser: _____

Please tell us how we can assist you:

If you need additional space please feel free to use the reverse side of this form, or you may attach an additional sheet.

Please attach any supporting documents.

Signature of Interested Party

Date

FOR OFFICE USE ONLY:

Received by: _____

Assigned to: _____