

**2017 Real Property Listing Form**

\* Required Fields

Parcel Number: \* \_\_\_\_\_

Owner(s): \* \_\_\_\_\_

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Contact: \* \_\_\_\_\_

Contact Phone (Day): \* (\_\_\_\_\_) \_\_\_\_\_ I prefer to be contacted by: \_\_\_\_\_ Standard Mail \_\_\_\_\_ E-mail

Contact E-mail: \_\_\_\_\_

**Please submit the completed form for any new construction that took place during 2016.**

**2016 New Construction (Please check all that apply)**

- |                                               |                                                               |                                                       |
|-----------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Dwelling             | <input type="checkbox"/> Doublewide Manufactured Home         | <input type="checkbox"/> Singlewide Manufactured Home |
| <input type="checkbox"/> Remodel              | <input type="checkbox"/> Stable(s)                            | <input type="checkbox"/> Estate Stables               |
| <input type="checkbox"/> New Addition         | <input type="checkbox"/> Flat Barn(s)                         | <input type="checkbox"/> Loft Area over Structure     |
| <input type="checkbox"/> Enclosure            | <input type="checkbox"/> Utility Shed(s)                      | <input type="checkbox"/> Steel Utility Building(s)    |
| <input type="checkbox"/> Garage               | <input type="checkbox"/> Lean-To(s)                           | <input type="checkbox"/> Pole Building(s)             |
| <input type="checkbox"/> Car Shed(s)          | <input type="checkbox"/> Poultry House(s)                     | <input type="checkbox"/> Upper Living over Structure  |
| <input type="checkbox"/> Shop(s)              | <input type="checkbox"/> Grain Bin(s) _____ (Bushel Capacity) |                                                       |
| <input type="checkbox"/> Deck(s)              | <input type="checkbox"/> Other (Residential): _____           |                                                       |
| <input type="checkbox"/> Patio(s)             | <input type="checkbox"/> Commercial Office                    | <input type="checkbox"/> Commercial Pool              |
| <input type="checkbox"/> Outdoor Fireplace(s) | <input type="checkbox"/> Commercial Warehouse                 |                                                       |
| <input type="checkbox"/> In-ground Pool       | <input type="checkbox"/> Commercial Paving                    |                                                       |
| <input type="checkbox"/> Bath/Pool House      | <input type="checkbox"/> Other (Commercial): _____            |                                                       |

**Description of New Construction**

Size of Improvement: \_\_\_\_\_

Was the improvement 100% complete as of 1/1/2017? \_\_\_ Yes \_\_\_ No If No, what percentage was complete? \_\_\_\_\_%

Brief Description of Improvement(s): \_\_\_\_\_

\_\_\_\_\_

**Description of Improvements Moved or Destroyed**

Brief Description of Improvement(s): \_\_\_\_\_

Is the property now vacant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

