



**PETITION FOR SURVEY AND REASSESSMENT
REAL PROPERTY THAT IS PERMANENTLY FLOODED
OR ACCESS IS PERMANENTLY PREVENTED BY FLOODING**

State Form 53950 (6-09)
Prescribed by the Department of Local Government Finance

FORM 137PF

Date Petition Filed
FOR OFFICE USE ONLY

INSTRUCTIONS (IC 6-1.1-4-11.5):

1. This form can be filed if one or more parcels of real property within a county are permanently flooded or to which access over land is permanently prevented because of flooding.
2. This form cannot be used for real property being used for agricultural purposes.
3. The date when the flooding occurred must be reported on this form.
4. This form must be filed with the County Assessor by December 31st of the year the flooding occurred.
5. Once the assessor has made a determination on this petition and sends notice, the taxpayer must file an appeal within forty-five (45) days if he/she disagrees with it. (IC 6-1.1-15-1)

Pursuant to IC 6-1.1-4-11.5, the undersigned hereby petitions the County Assessor for a survey and reassessment of real property described below.
(Description must match legal description on Tax Bill Duplicate.)

Name of taxpayer (first, middle, last)		Telephone number ()		
Address of taxpayer after flood (number and street, city, state, and ZIP code)				
Date of flood (month, day, year)		Type of damage <input type="checkbox"/> Permanent Flooding <input type="checkbox"/> Access Permanently Prevented by Flooding		
County		Township		Parcel number
Section	Range	Lot number	Block	Addition
Location of property damaged (number and street or Rural Route, city, state, and ZIP code)				

REAL PROPERTY REASSESSMENT (Do not complete unless a reassessment is ordered.)				
ASSESSED VALUE OF LAND	ASSESSED VALUE OF IMPROVEMENTS	PERCENT OF DAMAGE	DATE (month, day, year)	REASSESSMENT (BY 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	Type or print name of taxpayer	Date signed (month, day, year)
Signature of assessor	Type or print name of assessor	Date signed (month, day, year)

COUNTY ASSESSOR ACTION

Reviewed by:	Date reviewed (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