



# 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: \_\_\_\_\_