

Municipal Property Program

City / Town of _____

Contact Person: _____

Effective Date: ____ / ____ / ____

Phone #: _____

Fax #: _____

ADD

Name of Building or Equipment _____

Physical Street Address _____

Appraised Value of Building and/or Equipment / Contents \$ _____ Fire Class _____

Name of Building or Equipment _____

Physical Street Address _____

Appraised Value of Building and/or Equipment / Contents \$ _____ Fire Class _____

Name of Building or Equipment _____

Physical Street Address _____

Appraised Value of Building and/or Equipment / Contents \$ _____ Fire Class _____

Name of Building or Equipment _____

Physical Street Address _____

Appraised Value of Building and/or Equipment / Contents \$ _____ Fire Class _____

DELETE

Name of Building or Equipment _____

Physical Street Address _____

Name of Building or Equipment _____

Physical Street Address _____

Name of Building or Equipment _____

Physical Street Address _____

Name of Building or Equipment _____

Physical Street Address _____
