

Municipal Property Program

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City / Town of _____

Contact Person: _____
Phone #: _____

Effective Date: ____ / ____ / ____
Fax #: _____

ADD

Name of Building or Equipment _____

Physical Address _____ City _____ State _____

Zip Code for that particular location _____

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

Name of Building or Equipment _____

Physical Address _____ City _____ State _____

Zip Code for that particular location _____

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

Name of Building or Equipment _____

Physical Address _____ City _____ State _____

Zip Code for that particular location _____

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 _____
