STATE OF ARIZONA HISTORIC PROPERTY TAX RECLASSIFICATION RENEWAL APPLICATION FOR RESIDENTIAL, OWNER-OCCUPIED PROPERTIES

Submit the completed form and photos to your <u>County Assessor</u>. You will receive a copy after the application has been processed. Please call (602) 542-5tate Parks 4009 if you have any questions. Please type or print clearly.

ASS	ASSESSOR USE ONLY						
BOOK	MAP	PARCEL					
Items 2, 3, & 4 have have not							
been verified by the County Assessor.							
By:							
Date:							

1.	Address of the property:	Street:		City:	
		County:	Z	Lip Code:	
2.	Legal Description and/or A	Assessor's Parcel ID #:			
3.		pied Residential <i>ncome producing</i> use. Ex	xplain:		
4.	Name of Owner on Tax Rol	11:		Phone: ()	
	Mailing Address:	_	email:		
	City:	State:		Zip Code:	
5.	Property is listed on the Na Within the following neight Individually and has the	ghborhood or historic di	istrict (if known):		
6.	Date of Original Constructi	ion:	☐ Original Si	te	ved.
7. 8.	Describe any exterior change Enclose two photographs of				
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