



TAZEWELL COUNTY
COMMISSIONER OF THE REVENUE
DAVID R. ANDERSON, COMMISSIONER OF THE REVENUE

135 Court STREET, SUITE 301, TAZEWELL, VIRGINIA 24651

**APPLICATION FOR
NATURAL DISASTER TAX RELIEF**

PROPERTY INFORMATION	
OWNER NAME (LAST, FIRST, MIDDLE)	CONTACT PHONE NUMBER
MAILING ADDRESS	PHYSICAL ADDRESS OF AFFECTED PROPERTY
TAX MAP NUMBER (IF KNOWN)	YOUR NAME (IF DIFFERENT FROM OWNER)

LOSS INFORMATION		
DATE OF LOSS	PARTIAL OR TOTAL LOSS?	DUE TO (i.e. FLOODING, WINDS,
ASSESSMENT OF DAMAGE (FEMA/INSURANCE DOCUMENTATION REQUIRED)		
DESCRIPTION OF DAMAGES		

I CERTIFY, UNDER PENALTIES PROVIDED BY LAW, THE INFORMATION AND ATTACHED DOCUMENTATIONS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AFFIRM IT IS MY RESPONSIBILITY TO REPORT TO THE COMMISSIONER OF REVENUE ANY CHANGES OR REPAIRS MADE TO THE AFFECTED PROPERTY.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY	
REFERRED TO:	DATE SUBMITTED:
AMOUNT OF TAX RELIEF:	EFFECTIVE TAX YEAR:
COMMENTS:	