The Office of:
TINA GLEESON
COUNTY ASSESSOR

# General Corrections

Date: _____

Parcel Number: 39 -_ _-_ _ -_ _ _-_ _ _ . _ _ _-_ _ _

Parcel Address: _____

City:_____ Zip Code:_____

*Changes (please list changes below as accurately as possible.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

*Assessor Stamp:*

_____
Printed Name

_____
Signature

_____
Assessor's Office Signature

**Signature line must be signed, in order to process changes.*

***Please return this form to the Assessor's Office:** 300 E. Main Street, Room 102 Madison, IN 47250.*