



**MUNICIPALITY OF THE COUNTY OF KINGS  
Involuntary Destruction of Property Policy**

**Appendix A**

**Application for Tax Reduction For Property Owners**

Name	Date
Mailing Address	Telephone #
Civic Address of property	
Assessment Account Number	
Date of property damage	
Describe the facts regarding the destruction of the property	
<p>I certify that the information given in this application is, to the best of my knowledge, true, correct and complete in every respect.</p> <p>Name _____</p>	