

# 2018

Office Use Only:

Informal Review Number: \_\_\_\_\_



**Email: [propertytaxreview@lgo.vi.gov](mailto:propertytaxreview@lgo.vi.gov)**

OFFICE OF THE LIEUTENANT GOVERNOR  
UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE TAX ASSESSOR

## **REQUEST FOR POST HURRICANE IRMA & MARIA INFORMATION**

All applicable fields must be completed for your request to be considered. ***Please provide dated pictures and other supporting documents.***

### **Part 1 – Taxpayer Information**

**Property Owner Name:** \_\_\_\_\_  
(owner of record as of January 1 of the tax year being reviewed)

**Person Filing this form:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Property:**

- Residential       Commercial       Vacant Land       Villa       Condo
- Timeshare       Improved Land       Other *(please describe)* \_\_\_\_\_

### **Part 2 – Property Information**

**Parcel ID:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Legal Description:** \_\_\_\_\_  
(is the address posted on the property)

**Physical Description of damages:** \_\_\_\_\_  
(Select below)

- \_\_\_\_\_ whole roof      \_\_\_\_\_ number of units
- \_\_\_\_\_ half roof      \_\_\_\_\_ number of stories damaged
- \_\_\_\_\_ less than half of roof      \_\_\_\_\_ year built
- \_\_\_\_\_ walls      other \_\_\_\_\_
- \_\_\_\_\_ windows

**A person making willful false statements on this Request form is subject to criminal penalties for making a false statement pursuant to 14 V.I.C. § 834.**

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_