Print Form

STATE OF INDIANA

DEPARTMENT OF LOCAL GOVERNMENT FINANCE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE N1058(B)
INDIANAPOLIS, IN 46204
PHONE (317) 232-3777
FAX (317) 232-8779

2015 Cyclical Reassessment
Monthly Status Report

AUGUST 2015

County Name: _____
Assessor Name: _____

____Reassessment being completed by the Assessor's office ("in-house")
_____Reassessment being completed under contract
Vendor Name: _____

_____ Total number of parcels in the county
_____ Total number of Non-tax and Exempt Parcels

1. Please indicate the number of parcels for which the reassessment work has been completed.

	Total Number of Parcels	Number of Parcels Inspected	Number of Parcels Up to Date in CAMA system
Residential			
Agricultural			
Commercial/Industrial/Other			

2. Please describe any issues that you are having with the Cyclical Reassessment, including any action requested of the Department to assist in resolving the issues (use back or second page if necessary).