

## **Natural Disaster Application**

Montana Form AB-25 Rev. 10-2006

	Geoc	ode:	
		ssor#:	
County Of:	Date Filed:		
Owner:			
Address:			
City:	State	MT	ZIP
Person filing this form (If different from abo	ve)	F	Return to:
	_		Department of Revenue PO Box 8018 Helena, MT 59604-8018
	_		Or our Local Department of Revenue Office at: qov/revenue/abouttheagency/officelocations.asp
I/We request property tax relief on real of totally destroyed to the extent that it is unatural disaster.			
Natural Disaster Happened On:			
Location Address:			
Legal Description:			
Description of Disaster:			
The property was   partially or   totally	/ destro	yed by	r:
If the property was destroyed after the prop taxpayer is entitled to a refund of the amou the year that the property was unsuitable for	int of th		
Owner Signature:			_ Date:
Department of Revenue Response:			
Signatura			Dato: