OWNER'S REQUEST TO RECLASSIFY IMPROVEMENTS

Larir Post	Office	unty A Box 1	ssesso 190 rado 80										
Re:	Re: Parcel No												
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Owner Name								Owner Name					
Owner Signature Da					Date	Э		Owner Signature Date					
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	above eived b		ication	from m	nobile h	nome to	o reside	ential re	eal pro	perty is	approv	/ed.	
	Steve N		ty Asse	ssor				Date					