



MONTANA
Form AB-25
Rev 07 11

Natural Disaster Application

Geocode: _____

Assessor #: _____

County of: _____ Date filed: _____

Owner: _____

Address: _____

City: _____ State: _____ ZIP: _____

Person filing this form (If different from above)

Contact Phone Number: _____

Return to:
Department of Revenue PO Box 8018 Helena, MT 59604-8018
Or
Your Local Department of Revenue Office at: http://revenue.mt.gov/abouttheagency/local_office_locations/default.mcp

I/We request property tax relief on real or personal property which was partially or totally destroyed to the extent that it is unsuitable for its previous use due to natural disaster.

Natural disaster happened on: _____

Location address: _____

Legal description: _____

Description of disaster: _____

The property was partially or totally destroyed by: _____

If the property was destroyed after the property taxes were paid for the current year, the taxpayer is entitled to a refund of the amount of the tax paid prorated for the portion of the year that the property was unsuitable for use.

Owner Signature: _____ Date: _____

Department of Revenue Response:

Signature: _____ Date: _____