



## Request for Townhome Classification

This request must be returned to the local Department of Revenue office in which the property is located on or before January 1 of the year in which classification is requested to be considered for that tax year. You can find contact information for your local Department of Revenue office by visiting *revenue.mt.gov* or by calling toll free (866) 859-2254 (in Helena, 444-6900).

**To properly process this document all applicable fields must be filled in.**

### Part I. General Information

Property Owner Name and Property Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person filing this Form (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

County (in which townhome is located) \_\_\_\_\_

\_\_\_\_\_

Complex Name \_\_\_\_\_

\_\_\_\_\_

Home/Contact Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Part II. Request for Classification

The \_\_\_\_\_ is situated on the following described real property.

Townhome Name

Legal Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the plat must be attached to this form.

Please allocate the land to each unit in the complex in the table below **OR** attach a site plan which identifies the land to be allocated to each unit within the complex. Attach additional pages as needed.

<b>Beginning Total Land</b> (original parcel size--square foot or acre) →					
Units	Land Size (square foot or acre)	Units	Land Size (square foot or acre)	Units	Land Size (square foot or acre)
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
Unit #		Unit #		Unit #	
<b>Remaining Land</b> (new size after individual units have been removed) →					

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**Part III. Signatures of All Unit Owners**

I (We), the undersigned, owner(s) of unit(s) # \_\_\_\_\_ of \_\_\_\_\_ hereby certify  
Townhome Name  
that the information provided above and the corresponding attachments are true and accurate.

I (We) consent to the request to reclassify my (our) property from a condominium to a townhome and recognize that this may result in a change in valuation to my (our) property.

I (We) also recognize that the application is subject to the penalties of false swearing set forth in § 45-7-202, MCA, and that knowingly providing false information or attachments in this application subjects me (us) to the penalties contained therein.

The Department of Revenue requires that each individual unit owner of record sign the Request for Townhome Classification in order for the form to be accepted. Each signature must be notarized. Attach additional pages as necessary.

Owner Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Unit Number \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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**Part IV. Notary Seal**

*A notarized signature is required unless a notarized bill of sale or a signed off title is attached to this form.*

STATE OF MONTANA

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

By \_\_\_\_\_

*Print name of signer(s)*

**NOTARY SEAL**

\_\_\_\_\_  
*Notary Signature*

(Montana notaries must complete the following, if not part of stamp.)

Print Name \_\_\_\_\_

NOTARY PUBLIC for State of \_\_\_\_\_

Residing At \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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**Part V. For Department of Revenue Office Use Only**

A field inspection was completed \_\_\_\_\_ 20 \_\_\_\_\_.

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

As a result of this review, the request for townhouse classification is \_\_\_\_\_ approved \_\_\_\_\_ denied.

Reason for denial:

\_\_\_\_\_ Copy of plat not attached

\_\_\_\_\_ Land not specifically identified to each unit within the complex

\_\_\_\_\_ Missing signatures of owners

\_\_\_\_\_ Signatures do not match current owners of record

\_\_\_\_\_ Taxes are not current per 76-3-611 MCA