MR THOMAS A OUGHTON
BROOKE COUNTY ASSESSOR'S OFFICE
200 COURTHOUSE SQUARE
WELLSBURG, WV 26070

NAME: ACCOUNT NO.:
BUSINESS CODE: TAX YEAR: 2009

BROOKE COUNTY, WEST VIRGINIA INDIVIDUAL PERSONAL PROPERTY AND REAL ESTATE REPORT (PROPERTY OWNED ON JULY 1, 2008). THE LAW PROVIDES THAT EVERY PERSON LIABLE TO TAXATION SHALL MAKE A REPORT IN WRITING TO THE ASSESSOR OF THEIR PROPERTY WHETHER CALLED UPON BY THE ASSESSOR OR NOT. THIS REPORT SHOULD BE REVIEWED AND FILED WITH THE APPLICABLE CHANGES AS SOON AS POSSIBLE AFTER JULY 1, BUT NO LATER THAN THE FIRST DAY OF OCTOBER. REFER TO INSTRUCTIONS, IF ENCLOSED, OR CONTACT YOUR ASSESSOR'S OFFICE IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM.

NAME:_____
_____
ADDR:_____
CITY:_____
STATE:_____ZIP:_____

ACCOUNT #: _____
PHYSICAL ADDR: _____
TAX YEAR: 2009 BASED ON JULY 1, 2008
TAX DISTRICT: _____
PHONE: _____
SS #: _____ (OPTIONAL)

SCHEDULE 1 ---------- VEHICLES, BOATS, BOAT MOTORS, AIRCRAFT, ATVS AND OTHER PERSONAL PROPERTY ----------
LIST CARS, TRUCKS, VANS, MOTORCYCLES(SHOW CCS), SCOOTERS, MOBILE CAMPERS, MOTOR HOMES, AIRCRAFT, BOATS AND TRAILERS, UTILITY TRAILERS, DOZERS, BACKHOES, WELDERS, RECREATIONAL 4-WHEELERS, SHOW OR RACE HORSES, SHOW OR RACE DOGS ETC. INCLUDE UNLICENSED VEHICLES. (DO NOT LIST LEASED VEHICLES) VIN IS REQUIRED FOR ACCURATE VALUATION.
IF YOU DO NOT OWN ANY, WRITE NONE! ACTIVE MILITARY PERSONNEL SHOULD PROVIDE DOCUMENTATION OF THEIR STATUS ON JULY 1.

TYPE	MAKE	MODEL	YEAR	VIN, CC'S FOR MOTORCYCLES & ATV'S LENGTH, WIDTH OF RV, BOATS & TRAILERS	PURCHASE YEAR	PURCHASE COST	OWNER'S VALUE

* ALL PERSONAL PROPERTY WITH MULTIPLE YEAR LICENSE RENEWAL MUST BE REPORTED ON THIS FORM PER WV STATE CODE.

SCHEDULE 2 ---------- MOBILE HOMES AND CABINS - MORE THAN 1 ATTACH LIST ----------

MOBILE HOME TRADE NAME: _____ SIZE: _____
DISTRICT : _____ MAP :_____ PARCEL : _____SUB PARCEL: _____
YEAR _____ PERMIT NO: _____USED FOR: RESIDENCE:_____RENTAL:_____
IMPROVEMENTS TO MOBILE HOME:_____ OWNER'S VALUE _____ASSESSOR'S VALUE_____
NAME OF LANDOWNER_____
CABIN SIZE:_____ YEAR BUILT:_____ OWNER VALUE:_____

IF YOU WILL BE 65 YEARS OF AGE, OR OLDER, BEFORE JUNE 30TH OF THE NEXT YEAR,OR IF YOU ARE PERMANENTLY DISABLED, THEN YOU MAY FILE FOR THE HOMESTEAD EXEMPTION. SEPARATE APPLICATION MUST BE MADE TO THE COUNTY ASSESSOR NO LATER THAN DEC 1

TAXPAYER'S SIGNATURE _____ DATE _____ (SEE REVERSE OR NEXT PAGE)

NAME: ACCOUNT NO.:

SCHEDULE 3 ---------- LIST OF REAL ESTATE OWNED ----------

DISTRICT, MAP & PARCEL # (FROM YOUR TAX TICKET)	BUILDING USED FOR: PRIMARY RESIDENCE, SECOND HOME, OR RENTAL (LIST USE)	LAND USED FOR: FARM, COMMERCIAL OR RESIDENTIAL (LIST USE)	OWNER'S VALUE LAND	OWNER'S VALUE BUILDING

SCHEDULE 4 ---------- NEW BUILDINGS, STRUCTURES, ADDITIONS, DELETIONS AND REMODELING ----------
CONSTRUCTED ON YOUR PROPERTY DURING THE PAST 12 MONTHS
BUILDING PERMIT MAY BE REQUIRED

TOTAL COST $ _____ DESCRIBE (GARAGE, PORCH, ETC) _____ WHICH TRACT OF LAND_____

SCHEDULE 5 ON JULY 1, WERE THERE ANY MOBILE HOMES OR CABINS NOT OWNED BY YOU LOCATED ON YOUR LAND?
(IF MORE THAN 2, ATTACH LIST)

IF NONE, WRITE NONE:_____ IF YES,GIVE NUMBER:_____ AND COMPLETE SCHEDULE BELOW.
DISTRICT : _____ MAP :_____ PARCEL : _____SUB PARCEL: _____
MOBILE HOME OR CABIN OWNER'S NAME _____PHONE NUMBER: _____
MOBILE HOME OR CABIN OWNER'S NAME _____PHONE NUMBER: _____

SCHEDULE 6

IF YOU DO NOT OWN A HOME AND YOU RENT, WHO IS YOUR LANDLORD? _____
DISTRICT : _____ MAP :_____ PARCEL : _____SUB PARCEL: _____

IF YOU ARE BUYING PROPERTY ON A LAND CONTRACT WHO IS THE SELLER? ARE YOU LIVING ON THIS PROPERTY?
NAME:_____ YES_____ NO_____

DISTRICT : _____ MAP :_____ PARCEL : _____SUB PARCEL: _____

SCHEDULE 7 PLEASE NOTE THAT WV CODE 11-3-9 WAS AMENDED EFFECTIVE JANUARY 1, 2007 FOR TAX YEAR 2008 TO EXEMPT CLASS 1 PERSONAL PROPERTY EXCLUSIVELY IN AGRICULTURE TO INCLUDE VEHICLES THAT QUALIFY FOR A FARM USE EXEMPTION CERTIFICATE, FARM MACHINERY AND EQUIPMENT, LIVESTOCK AND PRODUCTS OF AGRICULTURE WHILE IN THE HANDS OF THE PRODUCER.

****** COYOTE FUND FEE ******
****** LIST NUMBER OF SHEEP AND GOATS OF BREEDING AGE: SHEEP _____ GOATS _____ ******
****** PLEASE INCLUDE A $1.00 FEE FOR EACH HEAD WITH THIS COMPLETED FORM ******

SCHEDULE 8 ---------- DOGS ----------
*** MAIL IN FEE WITH COMPLETED FORM ***

	AGE	NAME	SEX (M OR F)	HAIR COLOR	HAIR LENGTH (SHORT, MED, LONG)	BREED	FEE	OFFICE USE ONLY COUNTY TAG#	OFFICE USE ONLY MUNICIPAL#
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									