



Request for Townhome Classification

AB-10
Rev 11 12

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 MTRevenue.gov or by calling (406) 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.

Beginning Total Land (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 #	
			Remaining Land (new size after individual units have been removed)	→	

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 _____

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 _____

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