



**MARSHA M. FAUX, CFA, ASA
POLK COUNTY PROPERTY APPRAISER**

CHINESE DRYWALL REPORTING FORM

ACCOUNT NUMBER _____ DATE _____

PROPERTY TYPE: _____ SINGLE FAMILY _____ MULTI-FAMILY _____ CONDO _____ TOWNHOUSE

OWNER NAME _____

STREET ADDRESS _____

CITY STATE ZIP _____

PART I – QUESTIONNAIRE

Have you moved out of your home? _____ If yes, when _____

Have you contacted the health department? _____ (Telephone number for Polk County Health Department: 863-519-7900)

Did the Health Department inspect your home? _____ If yes, when _____ exterior _____ interior _____

Have you contacted your insurance company? _____ Name of your insurance company? _____

Have you retained an attorney? _____ Is the property part of a class action lawsuit? _____

Attorney's name _____ Attorney's telephone number: _____

PART II – DOCUMENTATION AND REQUEST FOR PHYSICAL INSPECTION

Please provide a copy of the documentation supporting the existence of Chinese drywall for the property in question. If you have obtained a contractor's estimate to document the cost to cure the problems with Chinese drywall, a copy should be provided also.

Are you requesting that the Property Appraiser's office physically inspect your property? _____ yes _____ no

Owner's signature _____

Co-owner/Spouse signature _____

Date: _____

Daytime Phone: _____

PART III – TO BE COMPLETED BY THE PROPERTY APPRAISER

_____ Owner submitted required documentation at the time this form was completed.

_____ Owner did not submit required documentation at the time this form was completed.

FORM AND DOCUMENTATION, IF ANY, ROUTED TO:

_____ Wayne Clements, West Side Residential _____ Ellen Harkness, East Side Residential _____ Neil Gaffney, Multi-Family

Property Appraiser/Deputy: _____ Date: _____