



DEPARTMENT OF REVENUE AND TAXATION
GOVERNMENT OF GUAM



REAL PROPERTY TAX DIVISION

BUILDING APPRAISAL/VERIFICATION FORM

REQUEST TYPE: / / APPRAISAL / / VERIFICATION

OWNER _____

CONTACT NO. _____ SSN: _____

MAILING ADDRESS: _____

PARCEL DESCRIPTION

FULL LEGAL LOT DESCRIPTION: _____

MUNICIPALITY: _____ ASSESSOR NO.: _____

BUILDING INFORMATION

House No. and Street Name: _____ Village: _____

No. of Story: _____ Color of Building: _____

Type of Construction: _____ Building Use: _____
(If multiple use, indicate types)

LOCATION SKETCH
(Use reverse side if needed)

REQUESTED BY: _____ DATE: _____
(Print Name and Sign)

FOR OFFICE USE ONLY

FORWARDED TO: _____ DATE: _____

FINDINGS: _____

/ / INCLUSION IN TY _____ EA FOR TY (S): _____

/ / VALUE/AREA TO BE UPDATED/CORRECTED FOR TY _____

/ / TO BE DEACTIVATED/DELETED FOR TY(S): _____

APPRAISED/VERIFIED BY: _____

DATE SUBMITTED TO ASSESSMENT BRANCH: _____