

Schedule 3 MOBILE HOMES (HOUSE TRAILERS) AND CABINS
 Mobile Home Trade Name: _____ Size: _____
 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's Value: _____

Schedule 4 LIST OF REAL ESTATE OWNED

Description on Land Book or from Your Tax Ticket	Used For		Owner's Value	
	Building: Owner Occupied, Rented or Commercial	Land: Farm, Commercial or Residential	Land	Buildings
Assessor Total				

Schedule 5 NEW BUILDINGS, STRUCTURES, ADDITIONS, DELETIONS AND REMODELING CONSTRUCTED ON YOUR PROPERTY DURING THE PAST 12 MONTHS
 Total Cost \$ _____ On What Tracts of Land: _____

NOTICE
 Banks, Realtors, Property Managers or others in charge of leasing or renting real estate, partly or fully furnished, are required to make a complete list of all furniture, fixtures and other personal property not considered as part of the real estate. List must include name of owner, location of personal property and an itemized list of the furnishings.

NOTICE OF NEW BUILDINGS OR IMPROVEMENTS
 All individuals, contractors or any person who erects, adds to, enlarges, moves, alters, converts, remodels or extends any building or structure whereby the value is increased by more than \$1,000.00 must notify the assessor on Form 12:75 within sixty days from the date the work is commenced; mines, mills, factories or other industrial establishments on or before June 15. If a building permit has been obtained this will be sufficient notice under this section. Any person who shall violate the provisions of this section shall be guilty of a misdemeanor and subject to fine. Chapter 11, Article 3, Section 3a of the West Virginia Code. Form 12:75 may be obtained from the assessor's office.

Schedule 6 MOBILE HOMES OR CABINS PARKED OR LOCATED ON YOUR LAND
 On July 1, were there any Mobile Homes (house trailers) or cabins not owned by you located on your land? If more than two, attach list.
 If none, write NONE. If yes, give NUMBER: _____ and complete schedule below.
 Name of Landowner: _____
 Land Description: _____
 Mobile Home or Cabin Owner's Name: _____
 Phone No.: (____) _____
 Mobile Home or Cabin Owner's Name: _____
 Phone No.: (____) _____

Schedule 7 IF YOU DO NOT OWN A HOME AND YOU RENT, WHO IS YOUR LANDLORD?
 NAME: _____
 ADDRESS: _____
 PHONE: _____

Schedule 8 SHEEP AND GOAT HEAD TAX
 Number of sheep and goats of breeding age owned. Sheep _____ Goats _____
 Please include a \$1.00 fee for each head with the completed form. Receipt No. _____

FOR ASSESSOR'S USE ONLY - SHEEP AND GOATS

District	Paid	Unpaid

Schedule 9 DOG TAX

Short Name of Dog	Age	Sex Male / Female Neut. / Spayed	Color	Character of Hair Long / Short	Breed	Municipal #	County Tag #
1.							
2.							
3.							
4.							
5.							

NOTES

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