

ASSESSOR'S OFFICE USE ONLY:

ENTERED TO COMPUTER _____

PARCEL # _____

REMOVED SOCIAL SECURITY _____

CLASSIFICATION & HS CODE _____

**COUNTY OF CARVER
REQUEST FOR NON-HOMESTEAD CLASSIFICATION**

Property Address (Property being reclassified to Non Homestead)	City	State	Zip
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Date Vacated	Legal Description (If available)
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PROPERTY OWNER(S):

Owner Signature	Date
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Relocation Property Address	City	State	Zip
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Owner Signature	Date
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Relocation Property Address	City	State	Zip
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(FOR RELATIVE HOMESTEAD)

Relative Signature	Date
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Relocation Property Address	City	State	Zip
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