



**DEPARTMENT OF REVENUE & TAXATION
 REAL PROPERTY TAX DIVISION
 GOVERNMENT OF GUAM
 PO BOX 23607 BARRIGADA GUAM 96921**

BUILDING VERIFICATION AND APPRAISAL REQUEST FORM

DATE: _____

Parcel Identification Number (PIN): _____

Owner(s) Name: _____

Parcel Description: _____

Municipality: _____ Land Area: _____ Building Area: _____

Street Address: _____

Mailing Address: _____

Color of Building: _____

Type of Construction: _____

Landmarks: _____

PLEASE DRAW A MAP TO THE PROPERTY LOCATION

(Reverse Side)

REASON FOR REQUEST: _____

SIGNATURE (REQUESTOR)

DATE

Contact Numbers: _____

Email Address: _____

Mailing Address: _____

Office Use Only

Accepted by: _____ **Date:** _____

Verified/Appraised by _____ **Date** _____

STATUS _____
