

# REASSESSMENT/PROPERTY QUESTIONNAIRE



Parcel \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

You can complete this entire form online and save postage and time at:  
[elkhartcountyassessor.com/f/questionnaire](http://elkhartcountyassessor.com/f/questionnaire)

**I. Dwelling Type** – Which dwelling type best describes the main dwelling on the property?

Single Story: \_\_\_\_\_ 1 ½ Story: \_\_\_\_\_ 2 Story: \_\_\_\_\_ Split Level: \_\_\_\_\_  
 Other (describe) : \_\_\_\_\_

**Above Grade Room Counts** – Informational purposes only – (Bathrooms addressed in Section III)

Living Room(s): \_\_\_\_\_ Dining Room(s): \_\_\_\_\_ Family Room(s): \_\_\_\_\_ Kitchen(s): \_\_\_\_\_  
 Bedroom(s): \_\_\_\_\_ Other(s): \_\_\_\_\_ Open Concept: \_\_\_\_\_  
 Open Concept? (describe) : \_\_\_\_\_

**II. Below Grade Room Counts** – Informational purposes only – (Bathrooms addressed in Section III)

Is a basement present? \_\_\_\_\_ IF No, is home on crawl or slab: \_\_\_\_\_ *\*PROCEED TO SECTION III*  
 IF there is a basement, roughly how much of it has finished area: \_\_\_\_\_

**What type of basement finish is present in the majority of finished area – yes/no answers:**

Drywall/Finished Walls \_\_\_\_\_ Finished Ceilings \_\_\_\_\_ Recessed Lighting \_\_\_\_\_  
 Fully installed carpet/flooring \_\_\_\_\_ Trim \_\_\_\_\_  
 Describe any rooms which exist in the basement: \_\_\_\_\_

**III. Other Pertinent Items**

**Bathroom/Fixture Details**

Full Bathroom(s) \_\_\_\_\_ Half Bathroom(s) \_\_\_\_\_  
 Additional Fixture Total: \_\_\_\_\_ (second sink(s), utility room/garage sinks, separate tub and shower, etc...)

**Heating System(s)** Gas Furnace \_\_\_\_\_ Hot Water \_\_\_\_\_ Geothermal/Solar \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

**Cooling System(s)** Central Air \_\_\_\_\_ Window Units Only \_\_\_\_\_ None \_\_\_\_\_

Fireplace Present \_\_\_\_\_ IF Yes, please note how many of each listed:  
 \_\_\_\_\_ Metal w/chimney \_\_\_\_\_ Metal no chimney \_\_\_\_\_ Masonry w/chimney Other: \_\_\_\_\_

**Electrical**

Wired for electric \_\_\_\_\_ Not wired for electric \_\_\_\_\_ Gas fed lighting \_\_\_\_\_

**Re-Modeling** - Please estimate the year if known when the last time any of these items were updated

Roof \_\_\_\_\_ Siding \_\_\_\_\_ Windows \_\_\_\_\_ Floors \_\_\_\_\_ Kitchen \_\_\_\_\_  
 Bath(s) \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_