



**Cowlitz County Assessor's Office**  
 Phone (360) 577-3010 -- FAX (360) 442-7080  
**Request for Removal/Proration  
 of Senior Citizen/Disabled Person's Exemption  
 and Recalculation of Taxes**

*For office use only:*

Date Received

Received by

*All requests must be submitted on this form at least 5 business days prior to date of closing.*

**PLEASE PROVIDE THE FOLLOWING INFORMATION. INCOMPLETE REQUESTS WILL NOT BE PROCESSED.**

Parcel #(s): \_\_\_\_\_ Seller's Name: \_\_\_\_\_  
 \_\_\_\_\_ Seller's forwarding address: \_\_\_\_\_  
 \_\_\_\_\_  
 Situs Address: \_\_\_\_\_ Buyer's Name: \_\_\_\_\_  
 \_\_\_\_\_ Buyer's mailing address: \_\_\_\_\_  
 \_\_\_\_\_

1. What is the anticipated date of closing? \_\_\_\_\_

2. Does the current owner still live in the home, and will they continue to live in the home until closing?

YES

NO a. What date did the owner move out? \_\_\_\_\_

c. If the owner is deceased, what was the date of death? \_\_\_\_\_

3. Name of person/agency requesting this information:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

The treasurer's office will FAX you a revised tax statement with the recalculated tax amounts.

- \* Only requests submitted on this form will be accepted.
- \* Incomplete requests will not be processed and you will be notified that we need more information.
- \* If you are notified of an incomplete request, you must resubmit the request when complete.