



**Assessor's Office**

PO Box 5000  
Vancouver, WA 98666-5000

**(360) 397-2391**

*2015 Assessment for Year 2016 Taxes*

**Defective Siding Affidavit**

Name: \_\_\_\_\_ PID#: \_\_\_\_\_

Situs Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone #: ( ) \_\_\_\_\_

Describe the type of siding you have: \_\_\_\_\_  
\_\_\_\_\_

Describe the problems you are having with the siding at this time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When do you plan to have repairs done completed? \_\_\_\_\_

Have you received bid(s) or estimate(s) of costs to repair damages? \_\_\_\_\_

If yes, please enclose a copy (unless submitted in a previous year).

By signing this form below, I am declaring under penalties for false swearing that the information I have provided is accurate and factual to the best of my knowledge. I am further declaring that all or a portion of the structure's siding is damaged and has not been repaired or replaced. I am submitting this form **together with the required photographs\*** for your consideration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_