

Darlene Alder
Graham County Assessor



Valerie Cooke
Chief Deputy Assessor

921 THATCHER BLVD. SAFFORD, AZ 85546 (928) 428-2828
<http://www.graham.az.gov/county-assessor>

RESIDENTIAL CLASSIFICATION FORM

ARS 42-12052 and 42-12053

Date:	
Owner's Name:	Parcel Number:
Mailing Address:	Property Address:

***PLEASE SELECT OPTION A, B, C or D BELOW. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS DOCUMENT, PLEASE CONTACT US AT (928) 428-2828. 30 DAY RESPONSE DEADLINE**

<input type="checkbox"/> Option A: This is my primary residence (9 months occupancy required): In compliance with HC 2001, 2nd session.	<input type="checkbox"/> Option B: The residence identified above is not rented but does not meet the definition of a Primary Residence (e.g., it is a vacation home, secondary residence, unoccupied, or unoccupied and listed for sale, etc.)	<input type="checkbox"/> Option C: This is a Rental Property. This is in compliance with A.R.S. 33-1902 (A). The owner shall update any information required by this section with the County Assessor within ten days after a change.	<input type="checkbox"/> Option D: Yes, my property is occupied by a family member as indicated below. I rent or allow a member of the family to occupy the home. This must be: <ul style="list-style-type: none"> <input type="checkbox"/> Natural adopted parent or child or; <input type="checkbox"/> Stepson or stepdaughter of the owner or; <input type="checkbox"/> Father/Mother/Grandparent or Great-grandparent or; <input type="checkbox"/> Son-in-law/ Daughter-in-law/ Father-in-law/ Mother-in-law or; <input type="checkbox"/> Natural or Adopted sibling of the owner _____ Name of Relative _____ _____ Mailing Address of Relative _____
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Signature of Owner

Phone

Date