

MCCORMICK COUNTY ASSESSOR'S OFFICE
FIRE DAMAGE REPORT FORM
SOUTH CAROLINA CODE OF LAWS (1976) SECT. 12-39-250 (B)

OWNER'S NAME: _____

LOCATION: _____

TAX MAP #: _____

DATE OF FIRE: _____

RESPONDING FIRE DEPT.: _____

VALUE OF FIRE DAMAGE: _____

DESCRIPTION OF FIRE DAMAGE: _____

**I HEREBY CERTIFY THAT THE INFORMATION
ON THIS FORM IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE.**

DATE: _____ PHONE NUMBER: _____

SIGNATURE: _____

MAILING ADDRESS: _____

PLEASE RETURN COMPLETED FORM TO :

**MCCORMICK COUNTY ASSESSOR'S OFFICE
133 SOUTH MINE STREET ROOM 201
MCCORMICK, SC 29835
PHONE # (864) 852-2931**