



Dear Property Owner:
Sorry we missed you today!

QR Code
for Online
Form



A representative of the Jackson County Assessment Department was here to gather information for the Jackson County Property Reassessment.

Please complete the self-addressed card with accurate data and return it within 30 days or visit jacksongov.org/MyHome to use the online form. In the absence of such input from you, we will estimate the interior features.

We appreciate your cooperation.

Jackson County Assessment
816-881-3530

Parcel Number _____

Street Address _____

Story Height _____ Year Erected (if known) Dwelling _____ Garage _____

LIVING ACCOMMODATIONS

Total Rooms (Exclude Bathrooms) _____ Bedrooms _____

Family Rooms _____ Full Baths (3 Fixtures) _____ Half Baths (2 Fixtures) _____

Other Fixtures _____ Please Describe: _____

BASEMENT (Please Circle Selection)

Slab Crawl Partial Full Finished Basement Area: Yes No Size _____

ATTIC - Must Have A Permanent Stairway (Please Circle Selection)

None Unfinished Partial Finished Full Finished

HEATING/AIR CONDITIONING (Please Circle Selection)

None Unit Central Central w/Air

HEATING FUEL TYPE (Please Circle Selection)

Gas Electric Oil Coal Solar Wood Propane None

HEATING SYSTEM TYPE (Please Circle Selection)

Forced Hot Air Floor Furnace Electric Baseboard
Hot Water Steam Radiant Heat Pump Solar

WOOD BURNING FIREPLACE(S)

Number _____ Stacks _____ Openings _____

REMODELING AND MODERNIZATION

Exterior _____ Additions _____ Plumbing _____

Interior _____ Bathroom _____ Electric/Heat/Air Cond. _____

Remodeling Cost _____

DATE OF ACQUISITION (if after 01/01/2018)

Property was purchased (mo/yr) _____ at a purchase price of \$ _____

New buildings have been erected (after/before) purchase date at a construction cost of \$ _____ for a (describe building erected) _____

SIGNATURE _____

DAYTIME PHONE # _____

Return Address

*place
indicia
here*



Jackson County Assessment Department
415 East 12th Street
Kansas City, MO 64106

