

**TOWN OF ELIOT, MAINE**  
**ASSESSOR'S OFFICE**  
1333 State Rd, Eliot, ME 03903  
Tel: 207-439-1813 Ext. 111

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**RESIDENTIAL DATA VERIFICATION FORM**

*Please return on or before June 30, 2017 to the above address or e-mail to [mpainchaud@eliotme.org](mailto:mpainchaud@eliotme.org)*

OWNER NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**1. MAIN DWELLING – IF THERE IS MORE THAN 1 DWELLING, SUBMIT 2 FORMS. If there is no dwelling, skip to number 4.**

Year Built \_\_\_\_\_ Year Remodeled \_\_\_\_\_ Color \_\_\_\_\_ Style \_\_\_\_\_

Public Sewer? \_\_\_\_\_ Septic System? \_\_\_\_\_ Public Water? \_\_\_\_\_ Drilled Well? \_\_\_\_\_

Exterior Material

Roof \_\_\_\_\_ (asphalt, metal, etc.) Siding \_\_\_\_\_ (vinyl, shingle, clapboard, etc.)

Interior Walls (drywall, plaster, wood) Floors (softwood, carpet) Heat Source (Gas, Oil, Wood) (FHA, HW)

Basement \_\_\_\_\_

1<sup>ST</sup> Floor \_\_\_\_\_

2<sup>nd</sup> Floor \_\_\_\_\_

Attic \_\_\_\_\_

Other \_\_\_\_\_

Room Count – please enter the number of rooms for the following categories

Bedrooms \_\_\_\_\_ Other Rooms (Kitchen, Living Room, Den, Office, Other) \_\_\_\_\_

Full Baths (3 fixtures) \_\_\_\_\_ Half Baths (2 fixtures) \_\_\_\_\_ Jacuzzi, Hot Tub, Extra Sink \_\_\_\_\_

Extra Features

Number of fireplaces \_\_\_\_\_ Hearths \_\_\_\_\_ Wood Stoves \_\_\_\_\_ Other (Elevator, Central AC) \_\_\_\_\_

Occupancy

Is any portion used as a home business? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Is any portion used as an in-law apt or rental? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Improvements/Renovations

List all improvements and renovations to the original dwelling and estimated dates: (i.e. "new kitchen 2009")

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Is any portion of your dwelling unfinished? (i.e. basement, trim, flooring, etc.) Please explain:

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**2. ADDITIONS TO MAIN DWELLING**

Please describe any addition(s) attached to the main dwelling. (4x12 rear deck, dormers, ells, garages, etc.)

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**3. ADDITIONAL DWELLINGS**

If you have more than one residence located on your parcel, please provide the same information as for the main dwelling by attaching extra pages – contact this office if you need a blank form.

**4. OUTBUILDINGS**

Please list each detached structure, its function and age (20x20 garage with finished loft – 2006, 20x18 vinyl in ground pool – 2011, 6x8 shed metal or wood, patio, pier etc.)

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**5. LAND**

Please state the acreage or dimensions that you believe you own. \_\_\_\_\_

Has your parcel been surveyed by a licensed surveyor? \_\_\_\_\_ If yes, may we please have a copy? \_\_\_\_\_

**6. ADDITIONAL NOTES**

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We appreciate your cooperation!

If you would like to schedule an on-site inspection or an appointment to assist you with this form, please contact us at 207-439-1813 Ext. 111 or send an e-mail to [mpainchaud@eliotme.org](mailto:mpainchaud@eliotme.org)

Submitted By: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

May we contact you by e-mail? \_\_\_\_\_