

**IMPROVEMENT DISPOSITION
(Acquisition Packet Supplement)**

This is a required supplement to the Acquisition Packet when the proposed transaction contains improvements.

Project Name and Number:	Parcel:	County:
Owner(s) Name:		Telephone Number (include area code):
Description:		

The following improvements are contained in the proposed transaction (attach diagram if needed)

Improvement	Size	Description

	Yes	No		
Is there a well? (please indicate number)	<input type="checkbox"/>	<input type="checkbox"/>		
a. In use?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Abandoned?	<input type="checkbox"/>	<input type="checkbox"/>		
c. Sealed? (attach certificate)	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a septic system?	<input type="checkbox"/>	<input type="checkbox"/>		
a. In use?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Abandoned?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there underground fuel tanks?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there above the ground fuel tanks?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there dumps/landfill?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a mobile home?	<input type="checkbox"/>	<input type="checkbox"/>		
a. Is it attached to the ground by a foundation?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Is it on wheels or blocks?	<input type="checkbox"/>	<input type="checkbox"/>		

Will the landowner be making any changes to the property prior to completion of this transaction? Yes No
If yes, what _____

Mark this box if additional sheets are attached.

DEPARTMENT USE ONLY (NOT FOR USE IN APPRAISAL):

Proposed disposition of improvements:

Improvement	Size	Description	Disposition

Improvements that are to be retained and proposed uses:

Estimated refurbishing needs and costs:

Estimates provided by: (name, address and phone)

Electrical service provided by: (name, address and phone)

ADDITIONAL INFORMATION ATTACHED:

- Improvement Photos
- Cost Estimates
- Improvement Details
- Other (describe) _____

Signature of Person Completing Report	Date
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