

STATE OF INDIANA

DEPARTMENT OF LOCAL GOVERNMENT FINANCE



INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE N1058(B)
INDIANAPOLIS, IN 46204
PHONE (317) 232-3777
FAX (317) 974-1629

2025 Cyclical Reassessment Monthly Status Report

County Name: _____

Assessor Name: _____

_____ Reassessment is being completed by the assessor's office ("in-house.")

_____ Reassessment is being completed under contract.

Vendor Name: _____

_____ Total number of parcels in the county.

_____ Total number of non-tax and exempt parcels.

1. Please indicate the number of parcels for which the reassessment work has been completed.

	Total Number of Parcels.	Number of Parcels Inspected.	Number of Parcels up to date in CAMA system.
Residential			
Agricultural			
Commercial/Industrial /Other			

2. Please describe any issues that you are having with the Cyclical Reassessment, including any action requested of the Department to assist in resolving the issues (use back or second page if necessary).