
Additional Residential Property Information *(please make as many copies as necessary before entering information)*

Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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