

**MCCORMICK COUNTY ASSESSOR'S OFFICE**  
**FIRE DAMAGE REPORT FORM**  
SOUTH CAROLINA CODE OF LAWS (1976) SECT. 12-39-250 (B)

OWNER'S NAME: \_\_\_\_\_

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

TAX MAP #: \_\_\_\_\_

DATE OF FIRE: \_\_\_\_\_

RESPONDING FIRE DEPT.: \_\_\_\_\_

VALUE OF FIRE DAMAGE: \_\_\_\_\_

DESCRIPTION OF FIRE DAMAGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**I HEREBY CERTIFY THAT THE INFORMATION  
ON THIS FORM IS TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE.**

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

\_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO :**

**MCCORMICK COUNTY ASSESSOR'S OFFICE**  
**133 SOUTH MINE STREET ROOM 201**  
**MCCORMICK, SC 29835**  
**PHONE # (864) 852-2931**