



MONICA J. LINDEEN
Commissioner of Insurance & Securities
Office of the State Auditor
840 Helena Avenue
Helena, Montana 59601
(406) 444-2040

**CERTIFICATION
OF TAXABLE
VALUATION**

FILE ON OR BEFORE APRIL 1ST

Date _____, 20_____.

This is to certify that the TAXABLE VALUATION for the City/Town of _____
is \$ _____ as of the above date.

(SIGNATURE OF CITY CLERK)

(TYPE OR PRINT NAME OF CITY CLERK)

(TELEPHONE NUMBER)