



# STATEMENT FOR DEDUCTION FROM ASSESSED VALUATION BUILDING CONSTRUCTED OF COAL COMBUSTION PRODUCTS

State Form 52500 (R4 / 6-14)

Prescribed by the Department of Local Government Finance

FORM  
RE-CCP

**FILING DATE:** For real property, form must be completed and signed by December 31 and filed or postmarked by the following January 5.  
For mobile homes not assessed as real property, the form must be filed during the twelve (12) months before March 31 of the year for which the deduction is sought. (IC 6-1.1-12-35.5)

**INSTRUCTIONS:**

1. This form is to be filed in **duplicate** with the auditor of the county in which the property is located. (IC 6-1.1-12-34.5)
2. The deduction is for qualified buildings designed and constructed to use materials whose dry weight is at least 60% coal combustion products.
3. Direct written request for Proof of Certification along with drawings illustrating improvements complete with dimensions, height and thickness of walls and materials in addition to documents to verify work done, i.e., statements and bills from contractors builders and suppliers, to: Purdue University - Office of Center for Coal Technology Research, 500 Central Drive, West Lafayette, Indiana 47907-2022.
4. Attach a copy of the Certification of Qualifying Building obtained from the Center for Coal Technology Research.  
If unavailable, attach copy of request including supporting documents.

**CERTIFICATION STATEMENT**

STATE OF INDIANA, COUNTY OF \_\_\_\_\_, SS:

I (We), \_\_\_\_\_ certify that I (we) own the following described property and that the property is eligible for a deduction to the assessed valuation under IC 6-1.1-12-34.5 as is hereby claimed.

**PROPERTY DESCRIPTION**

Taxing district (city, town, township)	DLGF taxing district number	Parcel or key number
Address of property / legal description		
Address of owner (number and street, city, state, and ZIP code)		
I (we) hereby certify that the above statement is true, correct and complete:		
Signature of taxpayer		Date (month, day, year)
Printed name and title	E-mail address	Telephone number ( )

**FOR AUDITOR'S USE ONLY**

1. Assessed value of QUALIFIED BUILDING		\$	
2. Apply percentage eligible for deduction		x .05	
3. Assessed value eligible for deduction. (5% of Line 1)		\$	
4. Deduction is applicable for 3 years beginning and carrying forward through	pay	pay	pay
I acknowledge receipt of this deduction application.			
Signature of auditor		Date (month, day, year)	
Printed name of auditor			
I hereby verify that the above statements are true and correct.			
Signature of assessing official		Date (month, day, year)	
Printed name of assessing official	Title of assessing official		

**RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION  
Buildings Constructed of Coal Combustion Products**

Name of owner	Parcel or key number
Description of property in county	Township
Signature of auditor	Date filed (month, day, year)