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## Photo Request Form

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| Applicant Information |
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| --- | --- |
| Applicant Name: |  |

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| --- | --- | --- | --- |
| Address: |  |  |  |
|  [ ]  Map Attached | Street | City | ZIP |

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|  |  |
| --- | --- |
| Building Description: |  |

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|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Front/Side |[ ]  Rear/Side |[ ]  Roof |[ ]  Det. Garage |
|[ ]  Swimming Pool |[ ]  Barn |[ ]  Other\_\_\_\_\_\_\_\_\_ |[ ]  Other\_\_\_\_\_\_\_\_\_ |

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|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Company: |  | Policy Number: |  |
| Need by Date: |  | Requested by: |

 |
| Additional Information: |
|  |
| Directions (please include if Google map is incorrect): |
|  |
|  |
| To Be Completed by Photographer |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Taken by: |  | Date taken: |  |

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Instructions:

For ***all*** new and re-write business, please complete this form. Check the boxes for each photo that is needed. Be sure to include the “Need by” date.

Ellettsville Insurance Center: Please give completed form to Staci.

All other locations: Please send completed form to Staci via email or interoffice mail.