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## Photo Request Form

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| Applicant Information |
| |  |  | | --- | --- | | Applicant Name: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Address: |  |  |  | | Map Attached | Street | City | ZIP | |
| |  |  | | --- | --- | | Building Description: |  | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Front/Side |  | Rear/Side |  | Roof |  | Det. Garage | |  | Swimming Pool |  | Barn |  | Other\_\_\_\_\_\_\_\_\_ |  | Other\_\_\_\_\_\_\_\_\_ | |
| |  |  |  |  | | --- | --- | --- | --- | | 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: |  | |

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.