



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County \_\_\_\_\_

Located at \_\_\_\_\_

Court Address \_\_\_\_\_

Case No. \_\_\_\_\_

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

VS. \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PROPERTY DAMAGE AFFIDAVIT  
(Md. Rule 3-509)**

I HEREBY CERTIFY:

1. I am a \_\_\_\_\_ with the following training and/or experience:

\_\_\_\_\_ State sufficient facts to show qualification

2. Attached is an  itemized repair bill  itemized estimate of the cost of repairing the damaged

\_\_\_\_\_ of \_\_\_\_\_

3. The repairs or estimate were made  by me  under my supervision.

4. In my opinion the itemized repair bill or estimate is fair and reasonable.

5. In my opinion the fair market value of the property on \_\_\_\_\_

immediately before the damage was \$ \_\_\_\_\_ and immediately after the damage and before repairs was \$ \_\_\_\_\_ and after repairs is or will be \$ \_\_\_\_\_.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Affiant

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Fax

\_\_\_\_\_ E-mail