



# DAMAGED PROPERTY REASSESSMENT APPLICATION

Parcel No. \_\_\_\_\_ Date \_\_\_\_\_

Damage must have occurred due to misfortune or calamity and amount to at least \$10,000. Failure to file within 12 months of the damage may result in a reduction of property tax relief.

Name \_\_\_\_\_ Contact Telephone No. ( ) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street City State Zip

Property Address \_\_\_\_\_

Date of Damage \_\_\_\_\_ Cause of Damage \_\_\_\_\_

Your estimate of market value before damage \$ \_\_\_\_\_

TYPE OF DAMAGED PROPERTY

- \_\_\_\_\_ Real Property
- \_\_\_\_\_ Business Personal Prop.
- \_\_\_\_\_ Boat or Aircraft
- \_\_\_\_\_ Manufactured Housing (Mobilehome)

Your estimate of market value after damage \$ \_\_\_\_\_

Describe the property damage \_\_\_\_\_

I declare under penalty of perjury that the damage occurred through no fault of my own and the above information is correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSOR'S USE ONLY**

	MARKET VALUE		VALUE REDUCTION % Good After/Before	20__ Roll Reads	Roll Should Read
	BEFORE	AFTER			
LAND					
IMPROVEMENTS PERSONAL PROP.					
MONTHS IN FISCAL YEAR REGULAR _____ REDUCED _____			HOX		
			Other Exemption		
			Net		
APPRaiser's SIGNATURE _____				DATE _____	
DISTRICT SUPERVISOR'S SIGNATURE _____				DATE _____	