



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 certify (or declare) under the laws of the State of California that the damage occurred through no fault of my own and the above information is true, correct and complete 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 _____