



**CLAIM FOR TAX DEFERRAL
DAMAGED PROPERTY**

I HEREBY APPLY FOR TAX DEFERRAL FOR DAMAGED PROPERTY.

ASSESSOR'S PARCEL NUMBER: _____

NAME OF OWNER: _____

PROPERTY ADDRESS: _____

APPLICATION FOR REASSESSMENT OF DAMAGED PROPERTY MUST HAVE BEEN FILED WITH THE OFFICE OF THE ASSESSOR WITHIN 12 MONTHS OF DATE OF DAMAGE.

PER STATUTORY REQUIREMENT, TAXES PAID THROUGH AN IMPOUND ACCOUNT ARE NOT ELIGIBLE FOR TAX DEFERRAL.

TAXES PAID THROUGH IMPOUND ACCOUNT: YES _____ NO _____

Signature

Date

MAIL COMPLETED FORM TO → SAN BERNARDINO COUNTY
ASSESSOR'S OFFICE
222 W. Hospitality Lane, 4th Floor
San Bernardino, CA 92415-0311

ASSESSOR'S USE ONLY

Deferral Authorized by: _____

Date: _____

Deferral Denied by: _____

Date: _____

Reason for Denial: _____

Date: _____