



COUNTY OF LAKE
COUNTY ASSESSOR-RECORDER

DOUGLAS W. WACKER
ASSESSOR-RECORDER

Courthouse - 255 N. Forbes Street
Lakeport, California 95453
Assessor's Office 707 / 263-2302
Recorder's Office 707 / 263-2293
Fax 707 / 263-3703

APPLICATION FOR REASSESSMENT OF DAMAGED OR DESTROYED PROPERTY

In accordance with the California Constitution, Article XIII, Section 15, and with the California Revenue and Taxation Code, Section 170, I, _____

(Name)

Hereby make application for, and request, the office of the Lake County Assessor, to reassess the following described property and in support of this application, submit the following data:

1. Assessor's Parcel Number(s): _____
2. Property Location: _____
3. Does the damaged property include a mobile home? _____
If "yes" was the mobile home destroyed? Yes _____ No _____

(For the purpose of Disaster Relief "destroyed" means damaged to such an extent that the cost to repair would exceed it's value immediately prior to damage, or it is declared a total loss for insurance purposes.

4. Date of damage: _____.
5. Value of property immediately before damage: _____.
6. Dollar amount of damage: _____. To qualify for reassessment, the damage to the taxable property must be \$10,000.00 or more. The amount of damage to a licensed mobile home cannot be included in this total.
7. Condition of property immediately before damage: _____

8. Please describe in detail the extent of the disaster related damage: _____

9. Contractor's estimate of cost to repair or replace, if available:

- a. Land \$ _____
- b. Building/Improvements: \$ _____
- c. Taxable Personal Property: \$ _____

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10. Are you liable for taxes on the above property? Yes _____ No _____

11. Cause of damage: _____

12. Remarks: _____

OWNER: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP CODE: _____

I declare under penalty of perjury that the foregoing representations and statements, including all accompanying schedules and statements, are true, correct, and complete to the best of my knowledge and belief. Executed on this _____ day of _____, 20__, at

SIGNED: _____ Date: _____

Note: If this application is executed outside the State of California, the signature above must be verified by affidavit.

THIS APPLICATION MUST BE FILED WITHIN 60 DAYS OF THE DATE OF MAILING ON NOTIFICATION BY THE ASSESSOR BUT IN NO CASE MORE THAN 12 MONTHS AFTER THE OCCURRENCE OF THE MISFORTUNE OR CALAMITY. SEND TO: THE LAKE COUNTY ASSESSOR, 255 NORTH FORBES ST. , LAKEPORT, CA 95453. IF YOU WOULD LIKE TO APPLY FOR A DEFERRAL OF PROPERTY TAXES AS A RESULT OF THIS CLAIM FOR REASSESSMENT, PLEASE REQUEST AN APPLICATION FOR DEFERRAL OF PROPERTY TAXES FROM THE ASSESSOR IMMEDIATELY.