

**APPLICATION FOR REASSESSMENT OF PROPERTY DAMAGED OR  
DESTROYED BY MISFORTUNE OR CALAMITY**

Date: \_\_\_\_\_

Situs Address: \_\_\_\_\_

Property Description: \_\_\_\_\_

**TULARE COUNTY ASSESSOR**

221 S. MOONEY BLVD, ROOM 102-E,  
VISALIA, CALIFORNIA 93291-4593  
(559) 636-5100 FAX: (559) 737-4468

Section 170 of the California Revenue and Taxation Code provides for the reassessment of real and/or personal property which has been damaged or destroyed by a misfortune or by a calamity through no fault of the assessee. The full cash value of the damage must be equal to, or greater than, \$ 10,000. If the damaged property qualifies for reassessment, the taxes are prorated based on the number of months in the tax year (July 1 to June 30) that it is in a damaged condition.

Applications must be filed with the County Assessor within twelve (12) months of the date that the damage was sustained.

**A SEPARATE APPLICATION MUST BE FILED FOR EACH PARCEL OR ASSESSMENT**

If not "pre-printed" above, or if above "pre-printed" information is incorrect please enter the following information:

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| _____                                                                | _____                                                  |
| Situs Address of Damaged Property                                    | Parcel or Assessment Number of Damaged Property        |
| <b>TYPE OF PROPERTY DAMAGED</b>                                      |                                                        |
| <input type="checkbox"/> Real property                               | <input type="checkbox"/> Boat - Reg. Number: _____     |
| <input type="checkbox"/> Business Property - Machinery & Equipment   | <input type="checkbox"/> Aircraft - Reg. Number: _____ |
| <input type="checkbox"/> Business Property - Other Personal Property | <input type="checkbox"/> Possessory Interest           |
| <input type="checkbox"/> Business Property - Fixtures                | <input type="checkbox"/>                               |
| <b>PROPERTY USE TYPE</b>                                             |                                                        |
| <input type="checkbox"/> Single Residence                            | <input type="checkbox"/>                               |
| <input type="checkbox"/> Multi-Residential                           | <input type="checkbox"/>                               |
| <input type="checkbox"/> Commercial                                  | <input type="checkbox"/>                               |
| <input type="checkbox"/> Agricultural                                | <input type="checkbox"/>                               |
| <input type="checkbox"/> Industrial                                  | <input type="checkbox"/>                               |
| <input type="checkbox"/> Recreational                                | <input type="checkbox"/>                               |
| <input type="checkbox"/> Mobilehome                                  | <input type="checkbox"/>                               |
| <input type="checkbox"/> Other                                       | <input type="checkbox"/>                               |

1. Date the damage occurred: \_\_\_\_\_

2. Type of property damaged consisted of: \_\_\_\_\_

3. Damage was caused by: \_\_\_\_\_

4. Describe the damage: \_\_\_\_\_

5. The amount of the damage to:    Real Property: \_\_\_\_\_    Personal Property: \_\_\_\_\_

(Do not include household furnishings, personal effects or inventory)

6. If you have repairs bills or estimates, please attach copies. If you acquire repair bills or estimates within thirty (30) days after filing this application please mail copies to the Assessor at the address indicated above.

**IF MY PROPERTY IS REASSESSED, AND TAXES HAVE BEEN PAID, THIS APPLICATION SHALL CONSTITUTE A CLAIM FOR REFUND.**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.*

|                                                                       |                  |
|-----------------------------------------------------------------------|------------------|
| Applicant's Name (please print): _____                                | Signature: _____ |
| Applicant's Mailing Address (Street, City, State and Zip Code): _____ |                  |
| Telephone Number: _____                                               | Date: _____      |

