ROLF D KLEINHANS
NEVADA COUNTY ASSESSOR
950 Maidu Avenue
PO Box 599002
Nevada City, CA 95959-7902
(530)265-1232

APPLICATION FOR
REASSESSMENT OF PROPERTY
DAMAGED BY
MISFORTUNE OR CALAMITY

ASSESSOR'S PARCEL # / ACCT # _____

1. Name of Applicant _____
                                      first   *middle initial*   *last*

2. Mailing Address _____
                  Street or P.O. Box   *City*   *State*   *ZIP*

    a) Is this your permanent new address?   Yes [ ]   No [ ]

3. Address of Damaged Property _____
    (if different from above)

4. Type of Misfortune or Calamity *(i.e.: flood, fire, etc.)* _____

5. Description of taxable property damaged by Misfortune or Calamity:

    Improvements _____   Land _____

    Crops _____   Orchard or Timber _____

    Personal Property _____   Fixtures _____

    DBA: _____

6. Date of Misfortune or Calamity _____

7. Actual or Estimated Cost to Repair Damage _____

8.*   *Was the property damaged or destroyed due to the fault of its owners?   Yes [ ]   No [ ] (see note below)*

9. Statement of Facts Justifying Reduction _____

    _____

    _____

Use back of sheet for additional information.
* IMPORTANT NOTE: <u>Line 8 MUST be completed</u> before the Assessor will accept this application.

NOTE:
- *Damage must be shown to be <u>in excess of ten thousand dollars</u> ($10,000) or no adjustment shall be made to said roll and no taxes shall be cancelled or refunded.*
- *The filing deadline for tax relief is twelve (12) months from the date of the misfortune or calamity.*

I declare under the penalty of perjury that the foregoing application is true and correct to the best of my knowledge and belief.

_____   _____   _____
Signature of Applicant   Date   Daytime Phone (8 AM – 5 PM)

Email Address: _____

Use the space below for any additional information:

<u>Findings:</u>

<u>Action:</u>

<u>Reviewer:</u>
<u>Review Date:</u>