



NEVADA COUNTY ASSESSOR
950 Maidu Avenue
Nevada City, CA 95959 - 8600
(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: Line 8 MUST be completed before the Assessor will accept this application.**

- NOTE:**
- **Damage must be shown to be in excess of ten thousand dollars (\$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)

Use the space below for any additional information:

Assessor Use Only:

Findings:

Action:

Reviewer:

Review Date: