

APPLICATION FOR REASSESSMENT OF DAMAGED OR DESTROYED PROPERTY

FORM INSTRUCTIONS

1. This form may be completed electronically OR be printed, completed, and mailed to the Assessor's office.
2. If completing electronically:
 - Free Adobe Reader is required to complete the form online.
 - The form has to be downloaded to sign electronically.
 - Download the form by clicking on this button

 - Complete all applicable fields **BEFORE** signing electronically. You may not be able to edit form fields after signing.
 - Sign the form electronically. An unsigned form cannot be accepted.
 - Save a copy of the signed form.
 - Email the completed, signed form as an attachment to a-svcs@acgov.org.
3. If completing by hand:
 - Print the form by clicking on this button
 - Complete all applicable fields.
 - Sign and date the form. An unsigned form cannot be accepted.
 - Save a copy of the completed, signed form for your records.
 - Mail the original completed, signed form to the address below:

PHONG LA, ASSESSOR
COUNTY OF ALAMEDA
1221 OAK STREET, ROOM 145
OAKLAND, CA 94612



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

1221 Oak St., Room 145, County Administration Building
Oakland, California 94612-4288
(510) 272-3787 / FAX (510) 272-3803

P H O N G L A
A S S E S S O R

APPLICATION FOR REASSESSMENT OF DAMAGED OR DESTROYED PROPERTY

Damaged Property Information: 1. Assessor's Parcel Number or Assessee Number _____

2. Situs _____ 3. Acquisition Date _____ 4. Amount Paid \$ _____
Street City

5. Description of property Real Estate Personal Property 6. Your opinion of post-damage market value \$ _____

Damage Information (Attach additional sheet if necessary): 7. Date occurred _____ 8. Amount of damage _____ %

9. Cause _____ 10. Brief description of facts and circumstances _____

11. Was the damage the fault of the applicant, co-owner or tenant? Yes No

If yes, please explain _____

12. Are any lawsuits pending or contemplated: Yes No

13. Has any government agency initiated an investigation of the incident causing the damage? Yes No

If yes, give name and address of agency _____

Insurance Information: 14. Was property insured? Yes No If yes, company _____

Agent's Name _____ Phone () _____ Company's estimate of damage \$ _____

Repair Information: 15. Can the property be repaired? Yes No

16. Do you have an estimate from a contractor? Yes No If yes, Contractor's name _____

Address _____ Phone () _____ Amount of estimate \$ _____

Tax Information: 17. Did you pay or are you responsible for paying the property taxes? Yes No

Applicant Information:

18. Name _____ Mailing Address _____

City _____ State _____ Zip _____ Daytime Phone () _____

I am the owner; tenant; other _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature _____ Date _____

See reverse side for additional information

Additional Information

In order to benefit from the provisions set forth in California Revenue and Taxation Code Section 170 the actual damage must be in excess of \$10,000 and the Application for Reassessment of Damaged or Destroyed Property must be filed **no more than twelve months** after the occurrence of said damage.

The damage or destruction of the property must have been without the fault of any owner or party in possession or control of the property. Upon filing the application, the Assessor will review the post-damage value of the property. The Assessor will notify you in writing of the results of the review. If you do not agree with the revised value and you wish to challenge the decision you must file an Application for Changed Assessment with the Clerk, Assessment Appeals Board within **6 months** of notification by the Assessor. For information on how to obtain and complete an application call (510) 272-6352.

Should you have any questions regarding this matter call our office at (510) 272-3787 #2, Monday through Friday 8:30 a.m. to 5:00 p.m.

(rev 4-03)