



# OFFICE OF ASSESSOR COUNTY OF ALAMEDA

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

**RON THOMSEN**  
ASSESSOR

## 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**

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## **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)