APPLICATION FOR REASSESSMENT OF PROPERTY DAMAGED BY CALAMITY OR MISFORTUNE

Owner Name: _____

Address: _____

Assessor's Parcel Number: _____

Pursuant to Section 170 or 172 of the California Revenue and Taxation Code, I, hereby request reassessment of property damaged by calamity or misfortune.

Date of Calamity: _____

Description of Property Damage: _____

_____

_____

_____

Estimate Amount of Damage (Dollar Amount) or Estimated Cost to Repair:

_____

SIGNATURE: I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the owner, the declaration is based on all information of which the preparer has knowledge.

THIS APPLICATION MUST BE SIGNED

_____ _____

Signature of Owner Date

_____ _____

Signature of Preparer Other Than Owner Date

Daytime Telephone Number: ( ) -

RETURN TO:

Laura Marshall
Sierra County Assessor
P.O. Box 8
Downieville, CA 95936
(530) 289-3283

Revised 03/2005