Application for Reassessment of Damaged or Destroyed Assessable Property in excess of $10,000 (R&T Sec. 170)

(Application must be made within 12 months of the misfortune or calamity, or specific calamity ordinance, whichever is later.)

Filing Date: __________________ Contact Phone Number _________________

Owners Name __________________ Assessor's Parcel Number __________________

Mailing Address
________________________________________________________________________
________________________________________________________________________

Property Address or Location: ____________________________________________________________________________
________________________________________________________________________

Date of Misfortune or Calamity:   _____________________________________________

Type of Misfortune or Calamity: __________________________________________________________________________

Property Destroyed or Damaged consisted of:
________________________________________________________________________
________________________________________________________________________

Applicant Opinion of Value Value Value Amount
Applicant Opinion of Value
Applicant Opinion of Value

<table>
<thead>
<tr>
<th></th>
<th>Value Before Damage</th>
<th>Value After Damage</th>
<th>Amount of Damage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>_________________</td>
<td>_________________</td>
<td>_________________</td>
</tr>
<tr>
<td>Improvement (Structure)</td>
<td>_______________</td>
<td>_______________</td>
<td>_______________</td>
</tr>
</tbody>
</table>

(Does not include nonassessable items such as personal effects, household furnishings, or Business inventory.)

* Attach Documentation, such as insurance adjustment estimate or statement from licensed contractor.

Do you plan to replace or repair damage.  □ Yes    □ No

I hereby apply for reassessment of the property described above.
I declare that I was the owner of the property, or had it in my possession and control at the time of loss, and that I am responsible for the taxes. I certify (or declare) under penalty of perjury under the laws of the State of California, that the forgoing and all information hereon, including any accompanying statements, or documents is true, correct and complete to the best of my knowledge and belief.

Signed: __________________________________  Date:____________________

[Section 170 Worksheet 7/30/2014]