



# OFFICE OF PLACER COUNTY ASSESSOR

Kristen Spears, Assessor

2980 Richardson Drive  
 Auburn, CA 95603-2640  
 E-mail: [assessor@placer.ca.gov](mailto:assessor@placer.ca.gov)

Telephone (530) 889-4300  
 Fax (530) 889-4305  
[www.placer.ca.gov/assessor](http://www.placer.ca.gov/assessor)

## Application for Reassessment of Property Damaged by Misfortune or Calamity

I hereby apply for reassessment of my property damaged by misfortune or calamity, where the degree of property damage is estimated to be in excess of \$10,000 in market value in accordance with Section 170 of the California Revenue and Taxation Code, and Placer County Code, Section 4.04.100. This claim must be filed with the County Assessor within the time specified in your county ordinance, or 12 months from the date of damage or destruction, whichever is later.

Date Mailed: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Address of Damaged Property \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_ Date of Damage \_\_\_\_\_

Condition of Property after Damage (Describe Damage) \_\_\_\_\_

Estimated Dollar Amount of Damage\*: \_\_\_\_\_

Estimated Total Value of Property after Damage: \_\_\_\_\_

\*Please attach a copy of estimated insurance claim or contractor estimates for repairing the damage, if available.

*I certify (or declare) under penalty of perjury under the laws of the State of California that the damage occurred through no fault of my own and the above information is true, correct and complete to the best of my knowledge and belief.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

ASSESSOR'S USE ONLY						
	Market Value After	Market Value Before	Value Remaining After/Before	20____ Roll Reads <input type="checkbox"/> FBVY <input type="checkbox"/> P8	Roll Should Read <input type="checkbox"/> FBVY <input type="checkbox"/> P8	FBVY Should Read
Land						
Improvements						
MH						
Fixtures						
Personal Prop.						
Days in Fiscal Year to be Prorated Regular _____ Reduced _____ See PCA 414C for proration chart			Exemption			
			Net			
Appraiser's Signature _____		Date _____		Approver's Initials _____		Date _____