



**Josie Gonzales**  
**Assessor-Recorder-County Clerk**  
 San Bernardino County  
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 909-387-8307 or 1-877-885-7654

# DAMAGED PROPERTY REASSESSMENT APPLICATION

Parcel No. \_\_\_\_\_ Date \_\_\_\_\_

Damage must have occurred due to misfortune or calamity and amount to at least \$10,000. Failure to file within 12 months of the damage may result in a reduction of property tax relief.

Name \_\_\_\_\_ Contact Telephone No. ( ) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street City State Zip

Property Address \_\_\_\_\_

Date of Damage \_\_\_\_\_ Cause of Damage \_\_\_\_\_

Your estimate of market value before damage \$ \_\_\_\_\_

Your estimate of market value after damage \$ \_\_\_\_\_

TYPE OF DAMAGED PROPERTY

- \_\_\_\_\_ Real Property
- \_\_\_\_\_ Business Personal Prop.
- \_\_\_\_\_ Boat or Aircraft
- \_\_\_\_\_ Manufactured Housing (Mobilehome)

Describe the property damage \_\_\_\_\_

I certify (or declare) 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 \_\_\_\_\_

ASSESSOR'S USE ONLY					
	MARKET VALUE		VALUE REDUCTION % Good After/Before	20__ Roll Reads	Roll Should Read
	BEFORE	AFTER			
LAND					
IMPROVEMENTS PERSONAL PROP.					
MONTHS IN FISCAL YEAR			HOX		
REGULAR _____ REDUCED _____			Other Exemption		
			Net		
APPRaiser's SIGNATURE _____				DATE _____	
DISTRICT SUPERVISOR'S SIGNATURE _____				DATE _____	