arc.sbcounty.gov



CLAIM FOR TAX DEFERRAL DAMAGED PROPERTY

I HEREBY APPLY FOR TAX DEFERRAL FOR DAMAGED PROPERTY. ASSESSOR'S PARCEL NUMBER: NAME OF OWNER: PROPERTY ADDRESS:					
			THE OFFICE OF THE ASSESSOR	WITHIN 12 MONTHS OF DATE (TY MUST HAVE BEEN FILED WITH OF DAMAGE. N IMPOUND ACCOUNT ARE NOT
			TAXES PAID THROUGH IMPOUND	ACCOUNT: YES NO	
Signature		Date			
MAIL COMPLETED FORM TO →	SAN BERNARDINO COUNTY ASSESSOR'S OFFICE 222 W. Hospitality Lane, 4th F San Bernardino, CA 92415-03	loor			
	ASSESSOR'S USE ONLY				
Deferral Authorized by:		Date:			
Deferral Denied by:		Date:			
Reason for Denial:		Date:			