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**APPLICATION FOR REASSESSMENT OF DAMAGED OR DESTROYED
ASSESSABLE PROPERTY IN EXCESS OF \$10,000**

- Owner's Name _____
- Mailing Address: _____

- The property subject to this application is described as Assessor's Parcel Number or address: _____

- Property damaged _____

- Type of damage _____
- Your opinion of property value after damage _____ Your opinion of monetary loss _____
- Date of damage _____ Do you plan to replace or repair the damage? _____
- Date replacement/repair began _____ If not begun, date you intend to begin repairs _____
- Date replacement/repair completed _____ If not completed, anticipated date of repair _____

PLEASE ATTACH DOCUMENTATION IN THE FORM OF BUILDING INSPECTOR REPORTS, INSURANCE CLAIMS, CONTRACTORS BIDS, ETC., WHICH MAY BE OF ASSISTANCE TO THIS OFFICE IN THE PROCESSING OF YOUR APPLICATION. **(NOTE: THIS APPLICATION MAY NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION)**

I HEREBY APPLY for reassessment of the property described above. The property was damaged or destroyed without my fault.

I declare that I was the owner of the property, or had it in my possession and control at the time of the loss, and that I am responsible for the taxes on it.

This application, if executed outside of the State of California, must be verified by affidavit.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Print Name: _____ **Day Telephone:** _____

Note: Filing this application does not relieve you of the obligation to pay your property tax bill.