

**REASSESSMENT OF PROPERTY DAMAGED OR DESTROYED  
BY MISFORTUNE OR CALAMITY**

Your application for Reassessment of Property Damaged or Destroyed by Misfortune or Calamity is enclosed. Section 170 of the Revenue and Taxation Code of the State of California requires the following:

1. The applicant must be the person who owned, possessed, or had control of the damaged or destroyed property as of January 1. You may also apply if you acquired the property after January 1 and are liable for the property taxes for the following tax year (July 1 through June 30).
2. The damage must be a direct result of misfortune or calamity through no fault of the applicant. Additional considerations may apply as follows:
  - a. In an area or region proclaimed by the Governor to be in a state of disaster, damage may include the loss in value of the property resulting from restricted access to the property caused by the major misfortune or calamity, or
  - b. In the case of possessory interest in federal or state government owned land, the damage may include the suspension or restriction of the permit or right to enter upon the land resulting from misfortune or calamity.
3. Damage to the taxable property must be at least \$10,000.
4. The application must be executed under penalty of perjury, or if executed outside the State of California, verified by affidavit.
5. THE APPLICATION MUST BE FILED NO MORE THAN 12 MONTHS AFTER THE OCCURRENCE OF THE DAMAGE.

Should a refund be issued as a result of the reassessment of the damaged property, you still must pay the annual property tax bill. If the misfortune or calamity damage and restoration occur in the same tax year, you will receive a refund as of the date of damage but will also be issued a supplemental tax bill as of the date of restoration.

If you qualify for reassessment according to the above provisions, please complete the enclosed form and return it to this office. Your property may be reappraised and you may receive a corrected tax bill or refund. The adjustment and proration of taxes will be based upon the reduction in value from the date of damage to the end of the fiscal year.

If you have any additional questions or need any further assistance, please contact us at (661) 868-3485.



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

**IMPORTANT** Applications will not be accepted more than 12 months after the date of damage.

In accordance with Section 170 of the Revenue and Taxation Code of the State of California, I hereby apply for reassessment of the following property which was damaged or destroyed through no fault of my own. **The damage was at least \$10,000.**

1. Address of Damaged Property Number/Street/City/ZIP \_\_\_\_\_

2. Type of Damaged Property  
 Real Property     Boat or Aircraft     Business Personal Property     Manufactured Home

3. Tax Bill Information (if available)  
 Secured Tax Bill    Map Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel \_\_\_\_\_  
 Unsecured Tax Bill    Boat or Aircraft Registration No. \_\_\_\_\_  
 Unsecured Tax Bill    Assessment No. \_\_\_\_\_ Index No. \_\_\_\_\_ Bill No. \_\_\_\_\_

4a. Date on which the Damage Occurred \_\_\_\_\_      4b. Date Repaired \_\_\_\_\_

5. Cause of the Damage \_\_\_\_\_

6. Describe the Damage (use reverse side for additional information or remarks)  
 \_\_\_\_\_  
 \_\_\_\_\_

7a. Amount of the Damage to Real Property      7b. Amount of the Damage to Taxable Personal Property  
 \$ \_\_\_\_\_      (Do not include household furnishings or personal effects)  
 \$ \_\_\_\_\_

Please attach copies of repair bills or estimates. (This does NOT extend the 12 month filing requirement.) If bills or estimates are acquired after filing this application, mail copies to the address below.  
**We strongly recommend that you include photographs of the damaged property with this application.**

**IMPORTANT** I declare under penalty of perjury that all of the foregoing statements are, to the best of my knowledge, true and correct. If my property is reassessed, and taxes have been paid, this application shall constitute a claim for refund.

Applicant Name \_\_\_\_\_

Mailing Address Number/Street \_\_\_\_\_

City or Town, State and ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_      Telephone Number (including area code)  
 (    )

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

**MAIL TO:** Kern County Assessor  
 1115 Truxtun Avenue, Bakersfield CA 93301  
 (661) 868-3485

DATE OF FILING:	ASSESSOR'S USE ONLY
	T.R.A.
	MAP BOOK
	PAGE
	PARCEL