

**LESLIE MORGAN, SHASTA COUNTY ASSESSOR-RECORDER**

1450 Court St. Suite 208 A, Redding, CA 96001-1694  
TEL: (530)225-3600 FAX: (530)225-5673 Intra-County Toll Free:1(800)479-8009

**CLAIM FOR DISASTER RELIEF REASSESSMENT  
OF PROPERTY DAMAGED BY MISFORTUNE OR CALAMITY**

APPLICATION#: \_\_\_\_\_ A.P. #'s: \_\_\_\_\_ DATE: \_\_\_\_\_

Pursuant to Sections 170, 172, and 172.1 of the California Revenue and Taxation Code and Division 3, Chapter 3.28, Section 3.28.010 of the Shasta County Ordinance.

Property Owner: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (home) \_\_\_\_\_ (other) e-mail address: \_\_\_\_\_

**Date of Damage:** \_\_\_\_\_

Cause of Damage (Fire, Flood, etc): \_\_\_\_\_

**Damage Description** (i.e. Residence, Garage, Shed, etc): \_\_\_\_\_

\_\_\_\_\_

This is my principal place of residence and I intend to occupy the property by \_\_\_\_\_.

	OWNER'S ESTIMATE OF DAMAGE TO PROPERTY FROM MISFORTUNE OR CALAMITY *	OWNER'S ESTIMATE OF PROPERTY VALUE REMAINING AFTER DAMAGE
Land:	\$ _____	\$ _____
Improvements (Structures):	\$ _____	\$ _____
Personal Property:	\$ _____	\$ _____
Taxable Mobilehome:	\$ _____	\$ _____

**\*MUST BE \$10,000 OR MORE**

An application for reassessment may be filed with the Shasta County Assessor's Office within 60 days after the date of damage. If not filed within 60 days after the date of damage, the application must be filed within 60 days of notification by the Assessor, but in no case more than 12 months after the occurrence of said damage. If you need help filling this form out, please do not hesitate to contact us at the phone number listed at the top of this page.

The Applicant acknowledges that the above damage or destruction was not the fault of the property owner. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING, AND ALL INFORMATION HEREON, IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA, THE APPLICATION SHALL BE VERIFIED BY AFFIDAVIT.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

**DATE OF APPLICATION:** \_\_\_\_\_ **APPLICANTS PHONE #** \_\_\_\_\_

**Applicant's interest in property damaged: (Owner, manager, buyer after lien date, Officer of Corporation, etc.)** \_\_\_\_\_