

**COUNTY OF VENTURA
APPLICATION FOR REASSESSMENT
PROPERTY DAMAGED BY MISFORTUNE OR CALAMITY**

**ASSESSOR OF VENTURA COUNTY
800 VICTORIA AVENUE
VENTURA, CALIFORNIA 93009**

Section 170 of the Revenue and Taxation Code of the State of California and Ventura County Ordinance No. 4388 contain provisions for reassessment of property damaged or destroyed by misfortune or calamity. A brief summary of eligibility requirements follows:

1. The application must be made by the person who, on January 1, was the owner of, or had in his possession, or under his control, the taxable property which suffered damage or by a person who acquired the property after January 1 and is liable for the taxes for the next fiscal year commencing July 1.
2. The damage must have occurred by misfortune or calamity, without fault of the owner.
3. The application must be delivered to the Assessor within twelve (12) months of the calamity or misfortune.
4. The damage must be shown to be ten thousand dollars (\$10,000) or more.

Application is hereby made for tax relief on the following described property which was damaged or destroyed. The property subject to this application is described as Assessor's Parcel Number(s) and address:

The date of the misfortune or calamity was _____

The type of misfortune or calamity was _____

The date replacement and/or repair work was commenced _____

If not yet commenced, anticipated date of commencement _____

The date replacement and/or repair work was completed _____

**TO COMPUTE CORRECT TAX ADJUSTMENT, ASSESSOR MUST BE NOTIFIED OF COMPLETION.
IF NOT NOTIFIED BY JANUARY 1, DAMAGE WILL BE PRESUMED TO HAVE BEEN REPAIRED.**

The property destroyed or damaged consisted of _____

Applicant's opinion of the value of the property before damage _____

Applicant's opinion of the value of the property after damage _____

APPLICATION MUST BE FILED WITHIN TWELVE (12) MONTHS OF THE DAMAGE.

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.

Executed at _____ California (if execution is outside the State of California, the application must be verified by affidavit).

(Applicant's Name – Please type or print)

(Mailing Address)

(Daytime Telephone Number)

(City and State)

(Signature of Applicant)

(Date)

Email Address: _____