

**Assessor/Recorder Department**

**GLENN ZOOK**  
Assessor/Recorder

**Laurie Stone**  
Assistant Assessor/Recorder



**SOLANO  
COUNTY**

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Fairfield, CA 94533-6338  
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**Reassessment of Property Damaged or Destroyed by Misfortune or Calamity**

This application must be filed with the Assessor within **12 months** immediately following the misfortune of calamity.

Owner's Name \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_  
DBA \_\_\_\_\_ Account No. \_\_\_\_\_  
(Business only) \_\_\_\_\_ (Business only) \_\_\_\_\_

e-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address \_\_\_\_\_

Date of Damage or Destruction \_\_\_\_\_ Date repair began (if started) \_\_\_\_\_ Date completed (if finished) \_\_\_\_\_

VALUES	OWNER'S ESTIMATE OF LOSS	OWNER'S EST. OF VALUE AFTER LOSS	NATURE OF DAMAGE DESTRUCTION
Land			
Improvement(s)			
Sub-total			
Personal Property			
Business Equip.			
Boat or Aircraft			
Totals			

\* Attached documentation, such as estimate or statement from licensed contractor.

Documentation attached [ ] Documentation to be submitted later: [ ]

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 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.*

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

(\_\_\_\_\_) \_\_\_\_\_  
(Phone 8:00 AM TO 5:00 PM)

\_\_\_\_\_  
(PRINT NAME)

This application constitutes a claim for refund if applicable.