



# Mark Church

Assessor-County Clerk-Recorder & Chief Elections Officer

555 County Center  
 Redwood City, CA 94063-1665  
 phone 650.363.4500 fax 650.599.7435  
 email [assessor@smcare.org](mailto:assessor@smcare.org)  
 web [www.smcare.org](http://www.smcare.org)

Dear Pacifica Residents,

Let me first express my concern for those of you that are affected by the recent landslides in the City of Pacifica. Our office administers a program called the Calamity Relief program, which entitles a property owner to seek a reduction in their property taxes when the damage to their property exceeds \$10,000. Here's how to apply for this relief:

Complete and return the application printed on the reverse side of this letter. You have a full year from the date of calamity to apply for this relief. Refer to the example included below to help you complete the form. **Please note that loss or damages to personal effects, household furnishings and business inventories do not qualify for this program.**

The property tax relief will continue until your property is completely repaired or replaced. Qualifying tax relief is given regardless of any insurance compensation.

You may submit the form by:

Fax (650) 599-7435

Mail or in person Assessor's Office  
 555 County Center, 1st Floor  
 Redwood City, CA 94063-1665

Please contact our assessment help desk at (650) 363-4500 or [assessor@smcare.org](mailto:assessor@smcare.org) if you have any questions or need further assistance.

EXAMPLE (for a 6 month period)										
	<u>Land</u>	<u>Improvement</u>	<u>Assessable Personal Property</u>				<u>Total</u>			
Assessed value as shown on last tax bill	\$15,000	\$25,000	\$20,000				\$60,000			
Market Value before loss	\$50,000	\$75,000	\$20,000				\$145,000			
Tax relief calculations assuming \$10,000 damage to improvements:										
\$10,000										
\$75,000	=	13.33%	X	\$25,000	X	1.25%	X	50%	=	\$20.83
Damage Loss			Assessable			Tax	1/2 Year		Tax	
Improvement Value before loss	=	% loss	X	Imp. Value	X	Rate	X	Relief	=	Dollars

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

Date: 1/25/2016

**Note:** If this application was sent to you at your request, it must be filed within 60 days after the date of loss. If you did not request this application, it must be completed within 60 days of the date shown above, but in no case more than 12 months after the occurrence of the damage.

Owner Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_  
 d.b.a. (business only): \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Date of Damage: \_\_\_\_\_ Date repair began: \_\_\_\_\_

	OWNER'S ESTIMATE OF LOSS	OWNER'S EST. OF VALUE AFTER LOSS	NATURE OF DAMAGE
Land			
Improvement Structures			
Improvement Fixtures			
Personal Property			
Business Equipment			
Boat or Aircraft			
<b>TOTALS:</b>			

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 the property 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

\_\_\_\_\_ TELEPHONE NO. (8AM-5PM)

\_\_\_\_\_ PRINT NAME