

OFFICE OF THE ASSESSOR COUNTY OF MONO

P.O. BOX 456, BRIDGEPORT, CALIFORNIA 93517

BARRY BECK, ASSESSOR (760) 932-5510 FAX (760) 932-5511

Dear Taxpayer,

The Board of Supervisors enacted Ordinance 06-04 providing property tax relief for owners who have suffered property damage due to major disaster or individual misfortune.

Property owners may apply for a reassessment under this ordinance for any damage or destruction not the fault of the property owner. The written application must be filed within 12 months of the misfortune or calamity.

To qualify for reassessment, you must meet the eligibility requirements on the reverse side of this form. Please complete all sections and return to our office for processing.

If our office can be of assistance in answering your questions or completing this form, please do not hesitate to contact us. For your convenience, you may contact our office by phone, or visit our office. Our location and contact information are listed below.

Bridgeport Office 25 Bryant Street, Annex II Bridgeport, CA. 93517 (760) 932-5510

You may also fax the information to (760) 932-5511 or email a scanned copy of this application to assessor@mono.ca.gov.

Sincerely,

Barry Beck

Barry Beck Assessor



APPLICATION FOR REASSESSMENT OF PROPERTY DAMAGE COUNTY OF MONO

Please type or print application	n	
Applicant's Name and Ma	ailing Address:	
ELIGIBILITY REQUIREMENTS: allow you to apply for a reassess		Ind Taxation Code and Mono County Ordinance No. 06-04 llowing occurred:
major disaster or individual r 2. The written application may	nisfortune; be filed within 12 months of th	e misfortune or calamity. e taxable property totals \$10,000 or more.
Assessor's Parcel Number (if known		
(The APN can be located on you	ır tax statement)	(APN)
Address or location of damaged property:		
Date of damage to property:		in County of Mono, State of California
My estimate of the cost to re	epair the damage on my prope	erty (if known) is \$
My opinion of the market va	llue of the property on the day	before the damage (if known) is \$
Please describe the damage	e to your property. (Attach add	litional sheet if necessary):
		y photos, damage estimates, repair estimates, or lists of s or location on each attachment.
☐ Please treat this claim as a Pro 194.1. (Does not apply to proper		suant to California Revenue and Taxation Code section
I am the owner of, or have in my liable for property taxes thereon.		rol, the above-described taxable property, and I am
I DECLARE UNDER PENALTY	OF PERJURY THAT THE FO	REGOING IS TRUE AND CORRECT.
Dated	at	
City	State	
Signature:		Daytime Phone:

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

Barry Beck Mono County Assessor PO Box 456 Bridgeport, CA. 93517