



Gary L. Svanda
 Madera County Assessor
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THIS INFORMATION IS REQUESTED PURSUANT TO R & T CODE SECTION 441 (d), WHICH STATES IN PART: "AT ANY TIME, AS REQUIRED BY THE ASSESSOR FOR ASSESSMENT PURPOSES, EVERY PERSON SHALL MAKE AVAILABLE FOR EXAMINATION INFORMATION OR RECORDS REGARDING HIS OR HER OWN PROPERTY OR OTHER PERSONAL PROPERTY LOCATED ON PREMISES HE OR SHE OWNS OR CONTROLS...INCLUDING DETAILS OF PROPERTY ACQUISITION COSTS, CONSTRUCTION COSTS, AND OTHER DATA RELEVANT TO THE DETERMINATION OF AN ESTIMATE OF VALUE." R & T CODE SECTION 451 STATES: "ALL INFORMATION REQUESTED BY THE ASSESSOR SHALL BE HELD SECRET." R & T CODE SECTION 501 STATES: "IF ANY PERSON FAILS TO COMPLY WITH A WRITTEN REQUEST FOR INFORMATION UNDER SECTION 441, THE ASSESSOR SHALL ESTIMATE THE VALUE OF AND PROMPTLY ASSESS THE PROPERTY."

DISASTER RELIEF APPLICATION

This Application for Disaster Relief is filed pursuant to California Revenue & Taxation Code Section 170.

SECURED () UNSECURED () ASSESSMENT NUMBER _____

Property Owner's Name _____ Day Phone _____

Address _____

City _____ State _____ Zip Code _____

Date of Loss ____/____/____ Estimated Amount of Loss \$ _____

Description of Loss Suffered by Misfortune or Calamity:

Estimated Value after Calamity \$ _____

The applicant, in making this application, hereby grants the Assessor the right to audit the records of the applicant in connection with this application, and the right to enter this property for the purposes of reappraisal, including post-restoration examination.

If available, please attach a copy of the Fire report.

By checking this box, I request that if I meet the criteria for Tax Payment Installment Deferral, my next tax payment installment be postponed as in accordance with R & T Code 194.1.

I declare under penalty of perjury that this application, including any schedules or attachments, is true, correct and complete.

Signature _____ Date ____/____/____

Name (PRINT) _____

This application must be filed with the Assessor's Office
 within Twelve months after the calamity or disaster.

ASSESSOR'S USE ONLY	
Rcvd	____/____/____
Approved	()
Denied	()

