



Brett Frazier
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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 due to damage in a Governor-proclaimed disaster, 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 (12) months after the calamity or disaster.

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

