



Office of Tom J. Bordonaro, Jr., County Assessor

For Assessor's Use Only

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Web site: www.slocounty.ca.gov/assessor**

MISFORTUNE OR CALAMITY RELIEF CLAIM

ASSESSOR'S PARCEL NUMBER(S): _____

LEGAL OWNER(S): _____

DAMAGED PROPERTY ADDRESS: _____

TELEPHONE NUMBER (8 AM TO 5 PM): _____

DATE OF MISFORTUNE OR CALAMITY: _____

TYPE OF MISFORTUNE OR CALAMITY: _____

PLEASE ATTACH DOCUMENTATION IN THE FORM OF FIRE DEPARTMENT RESPONSE REPORTS, INSURANCE CLAIMS, CONTRACTORS BIDS, ETC., WHICH MAY BE OF ASSISTANCE TO THIS OFFICE IN THE PROCESSING FOR YOUR REASSESSMENT.

NOTE: THE APPLICATION MAY NOT BE PROCESSED WITHOUT PROPERT DOCUMENTATION.

DOCUMENTATION PROVIDED:

I CERTIFY, OR DECLARE, UNDER PENALTY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

DATED: _____

LEGAL OWNER

CORRECT MAILING ADDRESS