

**KATRINA BARTOLOMIE**  
Mendocino County Assessor  
501 Low Gap Rd., Room 1020  
Ukiah, CA 95482  
(707) 234-6800

**HOPKINS FIRE – SEPTEMBER 12, 2021**  
**APPLICATION FOR REASSESSMENT OF DAMAGED OR DESTROYED PROPERTY**  
**THIS APPLICATION MUST BE FILED BY SEPTEMBER 12, 2022**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

New  Temporary

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

I hereby apply for reassessment of the property described above, under the provisions of Mendocino County Code of Ordinances Chapter 5.14.020. The property was damaged or destroyed without my fault. If the property is damaged or destroyed, I declare that I am the owner of the property, or have it in my possession and control, or that I am responsible for the taxes on it.

Was the property damaged  Or Destroyed  (Note: Damage must exceed \$10,000)

Brief description of damage:

Estimate of loss in value caused by damage or destruction \$ \_\_\_\_\_

*\*Attach documentation, such as an insurance estimate or statement from licensed contractor.*

I declare under penalty of perjury that the statements made above are true and correct

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Title if incorporated)

This application, if executed outside the State of California, must be verified by affidavit per R&T 170(a)(3)

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**FOR USE ONLY BY THE MENDOCINO COUNTY ASSESSOR'S OFFICE**

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APN(s) \_\_\_\_\_

	Percentage loss	Assessed Value	
		Prior to Fire	After Fire
<input type="checkbox"/> Single Family Residence	_____	_____	_____
<input type="checkbox"/> Garage	_____	_____	_____
<input type="checkbox"/> Misc. Structures: Barn/Outbuildings	_____	_____	_____
<input type="checkbox"/> Pool	_____	_____	_____
<input type="checkbox"/> Septic <input type="checkbox"/> Well	_____	_____	_____