



MATANUSKA-SUSITNA BOROUGH

Department of Finance

Division of Assessment

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TAXPAYER'S CLAIM FOR REDUCTION OF ASSESSMENTS AND THE ABATEMENT OF TAXES RESULTING FROM PROPERTY AFFECTED BY DISASTER AS DEFINED IN MSB 3.15.077

"Damage" means harm resulting from physical injury to property, including partial or total destruction, and a reduction in the value of improvements or land resulting from disaster. "Disaster" includes incidents such as storm, high water, wind, tsunami, earthquake, landslide, mudslide, avalanche, fire, flood, or explosion.

Notice to Taxpayer: This claim for reduction of assessment and abatement of taxes must be completed with the assessor within one hundred-twenty (120) days after the date of damages due to disaster as defined by MSB 3.15.077. If you disagree with the assessor's determination of value, an appeal may be filed with the Board of Equalization within thirty (30) days of the date of notice by submitting a written appeal form provided to the board's clerk.

SECTION 1: TO BE COMPLETED BY THE TAXPAYER

PURSUANT TO MSB 3.15.077, I HEREBY PETITION FOR ADJUSTMENT TO THE ASSESSED VALUE OF THE PROPERTY DESCRIBED BELOW, AND FOR THE APPLICABLE ABATEMENT OF TAXES.

Taxpayer

Telephone Number

Mailing Address

Property Address

City, State, Zip Code

City, State

Account Number: _____

Check all that apply:

Real Property Personal Property Land Mobile Home Commercial

Date damage occurred: ____/____/____

Describe what caused the damage (if known): _____

Description of property damage: _____

Estimated value of property after the disaster: \$ _____

If property taxes were paid for the tax year of the disaster, state the amount paid \$ _____

I hereby declare under the penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Taxpayer's Signature

Date Signed

SECTION 2: TO BE COMPLETED BY THE ASSESSOR

Claim: Qualifies Date filled with Assessor ___/___/___

Does not qualify Reason: _____

SECTION 3: TO BE COMPLETED IF QUALIFIED

Date of fire ___/___/___

- 1. Assessed value prior to damage (____ days) \$ _____
- 2. Full and true value of property after damage (____ days) \$ _____
- 3. Taxable value of property prior to damage (less exemptions) \$ _____
- 4. Taxable value of property after damage (less exemptions) \$ _____

I hereby certify my determination of the assessed value after damage for the assessment year _____ as written on line 2.

Date

Assessor

Date Sent to Taxpayer

SECTION 4:

TO BE COMPLETED BY THE FINANCE DEPARTMENT

	Number of Days	Mill Rate	Yearly Tax	Daily Tax	Adjusted Yearly Tax
Original Taxable Value					
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
(Line 3)	(Line 1)				
Adjusted Taxable Value					
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
(Line 4)	(Line 2)				

YEARLY TAX DUE

\$ _____

YEARLY ADJUSTED TAXABLE VALUE

\$ _____