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 FIRE AS DEFINED IN MSB 3.15.075

"Damage" means harm resulting from physical injury to property, including partial or total destruction, and a diminution in the value of improvements or land resulting from fire.

"Fire" includes man-made and act-of-nature events.

Notice to Taxpayer: This claim for reduction of assessments and for the abatement of taxes must be completed with the assessor within sixty (60) days after the date of damages due to fire as defined by MSB 3.15.075. If you disagree with the assessor's determination of value, an appeal may be filed to the Board of Equalization within thirty (30) days of the date of notice by submitting a written appeal to the board's clerk.

SECTION 1: TO BE COMPLETED BY TAXPAYER

Pursuant to MSB 3.15.075, I herby petition for adjustment to the assessed value of the property described below, and for the applicable abatement of taxes.

_____ (____)_____
Taxpayer **(Please print)** Telephone Number

_____ _____
Mailing Address Property Address

_____ _____
City, State, Zip Code City, State

Tax Account Number:_____

Check all that apply:

☐ Real Property ☐ Personal Property ☐ Land ☐ Mobile Home ☐ Commercial

Date damage occurred: ____/____/____

Describe what caused the fire: _____
_____
_____

Description of property damage: _____
_____
_____
_____

Estimated value of property after the fire: $_____

If property taxes were paid for the tax year of the fire, 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 filed 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 is shown on line 2.

_____ _____ _____
Date Assessor Date Sent to Taxpayer

SECTION 4: TO BE COMPLETED BY FINANCE DEPARTMENT

	Number Of Days	Mill Rate	Yearly Tax	Daily Tax	Adjusted Yearly Tax
Original Taxable Value					
$_____ (line 3)	_____ (line 1)	_____	_____	_____	_____
Adjusted Taxable Value					
$ _____ (line 4)	_____ (line 2)	_____	_____	_____	_____

Yearly Tax Due **$_____**

Yearly Adjusted Taxable Value **$ _____**