



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 hereby 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				\$ _____	