



**TAXPAYER'S CLAIM FOR REDUCTION OF ASSESSMENTS AND THE ABATEMENT OF TAXES FOR REAL PROPERTY FOLLOWING A DISASTER CAUSED BY FIRE AS DEFINED IN AMC 12.15.025**

Definitions: As provided in AMC 12.15.025 (B)

- **Disaster** shall mean fire.
- **Fire** shall include natural as well as man-made events, except no relief shall be granted under this section for fire where the applicant or member of the applicant's household is at fault due to wanton misconduct or gross negligence.
- **Real property** shall mean improvements, impacted by the disaster, owned and occupied by the applicant. For purposes of this section on disaster relief only, improvements shall also include mobile homes owned and occupied by the applicant, even if the underlying land is not owned by the applicant.
- **Reassessment** shall mean full and true valuation conducted following disaster and, application by the real property owner.

**----- NOTICE TO TAXPAYER -----**

This claim for reduction of assessment and for the abatement of taxes must be filed with the Municipal Assessor within 120 days after the date of damage due to fire as defined in Anchorage Municipal Code 12.15.025(D)(3).

**PART 1: TO BE COMPLETED BY TAXPAYER**

Pursuant to AMC 12.15.025, I hereby petition for adjustment to the assessed value of the property described below, and for the applicable abatement of taxes.

\_\_\_\_\_  
Taxpayer \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Property Address

\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
City, State

Parcel Identification Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Current Assessed Value: \_\_\_\_\_  
Land Building Total

Estimated Value Loss: \_\_\_\_\_ Date fire occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anchorage Fire Dept. Incident # **(Include Report to expedite processing)**: \_\_\_\_\_

Description of property damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare under penalty of perjury that I resided at the property address noted above until the disaster occurred, that neither I nor a member of the household was at fault and, that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner's Signature(s)

\_\_\_\_\_  
Owner's Signature(s)