



COUNTY OF SAN DIEGO

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BUSINESS & LEASED EQUIPMENT
858/505-6100

VESSELS & AIRCRAFT
858/505-6200

PROPERTY DAMAGED BY MISFORTUNE OR CALAMITY

(This questionnaire must be completed and returned with the *Application For Reassessment form MAF750B*)

Account No. _____
(Boat or Aircraft)

Applicant Name: _____

Address: _____

Normal Property Location: _____

Tax Bill Number: _____

1. Was the loss due to no fault of your own? Yes No

2. Was the loss due to theft? Yes No

3. Manufacturer: _____

4. Year built: _____

5. Full Cost: _____

6. Insurance Company: _____

7. Policy Number: _____

8. Insured Value: _____

9. Amount of Payoff: _____

10. Date of Payoff: _____

11. Copy of accident report made to Insurance agency.

12. Copy of any survey or report of condition made after loss.

13. Copies of any reports made to or by any Government Agency.

14. Describe briefly the type of loss and how the loss occurred: (use addendum sheet(s) as necessary)

I certify (or declare) under penalty of perjury that the foregoing statements are true and correct.

Signature _____ Date _____ Daytime Phone No. _____