MATANUSKA-SUSITNA BOROUGH
Division of Assessment
350 E Dahlia Ave, Palmer, AK 99645
Phone (907) 861-8642 Fax (907) 861-8693
www.matsu.gov

TAXPAYER'S CLAIM FOR REDUCTION OF ASSESSMENTS AND THE ABATEMENT OF TAXES RESULTING FROM PROPERTY AFFECTED BY DISASTER

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 MSC 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 notification by submitting a written appeal form provided by the board's clerk.

Section 1: 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.

Tax Account / Legal Description of Property: _____

Mailing Address: _____

Date Damage Occurred: _____

Check all that apply:

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

Describe what caused the damage (if known):

Description of property damage:

Property Owner's Estimated value of property after disaster: $ _____
Amount of taxes paid for the year the disaster occurred: $ _____

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

Printed Name **Phone**

Signature **Date**

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Section 2: TO BE COMPLETED BY THE ASSESSOR

Claim: _____ Date Filed _____

Qualifies ☐
Does not qualify ☐

Reason:

Section 3: TO BE COMPLETED IF QUALIFIED

Date damage occured: _____/____/_____

Assessed value prior to damage (days)		$
Full and true value of property after damage (	days)	$
Taxable value of property prior to damage*		$
Taxable value of property after damage *		$

*less exemptions

I hereby certify my determination of the assessed value after damage for the assessment year _____

Date **Assessor** **Date sent to Taxpayer**

Section 4: TO BE COMPLETED BY THE FINANCE DEPARTMENT

Original Taxable Value	# of Days	Mill Rate	Annual Tax	Daily Tax	Adjusted Yearly Tax
(Line 3)	(Line 1)				
Adjusted Taxable Value					
(Line 4)	(Line 2)				

Yearly Tax Due $ _____
Yearly Adjusted Taxable Value $ _____