ADA COUNTY
CASUALTY LOSS EXEMPTION FORM
FOR TAX YEAR _____

Application for exemption from taxation: real and personal property which has been damaged by an event causing loss to all or a portion of the property. The Board of Equalization on a case by case basis shall determine whether to grant an exemption. ***Attach any documentation necessary to validate loss such as pictures, insurance quotes or bids***.

PLEASE HAND-DELIVER, MAIL OR FAX SIGNED COPY TO
Ada County
Board of Equalization
200 Front St., 3rd Floor, Boise, ID 83702

For more information please contact:
Phone **(208) 287-7000** Fax **(208) 287-7009**
www.adaweb.net/commissioners

This form must be filed with the Board of Equalization on or before the 4th Monday in June

OWNER INFORMATION

1. Owner's Name_____ 2. Owner's Daytime Phone_____
3. Property Address_____
4. Contact Person *(if different from above)*_____ 5. Contact's Daytime Phone_____
6. Mailing Address_____ City_____State _____Zip_____

PARCEL #

PROPERTY INFORMATION

Type of property ☐ Residence ☐ Manufactured Home ☐ Multi-family Dwelling ☐ Commercial ☐ Farm

Date of Occurrence: _____
(must be between 1/1 and 4th Monday of June)

Description of Occurrence_____

_____

_____

_____

_____

_____

Owners Signature_____ Date _____

STATE OF IDAHO)
)
COUNTY OF_____)

On this _____ day of _____, in the year of 20____, before me, _____

Personally appeared_____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to this instrument and acknowledged that he (she) (they) executed the same.

S
E
A
L

_____
Notary Public
My Commission Expires on _____

TO BE COMPLETED BY ASSESSOR'S OFFICE

Property Description _____

Verified by_____ Date _____

Signature of Appraiser _____ Date _____

Date sent to Commissioner's Office_____