



CATASTROPHIC LOSS FORM

Board of Assessment Appeals

Dauphin County Administration Building
Second Floor
2 S. Second Street
PO Box 1295
Harrisburg, PA 17108-1295

I/We have experienced a catastrophic loss to the property identified below. This is an appeal for Catastrophic Loss relief under Title 53 P.S. § 8815 (formerly 72 P.S. § 5349.3), which provides that the property owner may “appeal to the Board within the remainder of the County fiscal year in which the catastrophic loss occurred or within six (6) months of the date on which the catastrophic loss occurred, whichever time period is longer”. I/We understand that “catastrophic loss” means “any loss due to mine subsidence, fire, flood, or other natural disaster which affects the physical state of the real property and which exceeds fifty percent (50%) of the market value of the real property prior to the loss.” I/We request the current taxes on this property be reduced if unpaid or partially refunded if paid, to recognize the effect of the loss on the property’s value for the remainder of the current tax year. I/We understand that if the property is repaired, the reduced assessment will remain effective until the next tax year * following the repair. Catastrophic Loss form shall be filed with the Dauphin County Board of Assessment Appeals at the above address.

*For County & municipal real property tax, the tax year is January 1 through December 31;
school real property tax year is July 1 through June 30.

Type of CATASTROPHIC LOSS (check one): ___ Fire ___ Flood Other: _____

DATE OF LOSS: _____ PROPERTY LOCATION: _____

PROPERTY IDENTIFICATION NUMBER: _____ - _____ - _____ - _____ - _____

OWNER(S) NAME: _____

MAILING STREET ADDRESS: _____

CITY / STATE / ZIP CODE: _____

PHONE NUMBER(S): _____ EMAIL: _____

SIGNATURE OF AN OWNER: _____

OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

PROPERTY ID NUMBER: _____

DATE OF CONSIDERATION BY THE BOARD OF ASSESSMENT APPEALS: _____

BOARD ACTION (PICK ONE): APPROVED DISAPPROVED

BOARD NOTES: _____

PRE-LOSS ASSESSMENT:	Land: \$ _____	POST-LOSS ASSESSMENT:	Land: \$ _____
	Building: \$ _____		Building: \$ _____
	Total: \$ _____		Total: \$ _____