

KOOTENAI COUNTY BOARD OF EQUALIZATION

Casualty Loss Exemption Application Form (For Casualty Losses between Jan1 and June 22, 2026)

This form must be received or postmarked no later than 5:00 pm on June 22, 2026 at:

Kootenai County Commissioner's Office:

Mail: P.O. Box 9000, Coeur d'Alene, ID 83816-9000

In Person: 451 N. Government Way 3rd Floor, Coeur d'Alene

Exemption Application Hearings will be completed by July 13, 2026

Parcel #: _____ AIN: _____

Property Owner's Name: _____
Telephone: _____ **Email:** _____
Mailing Address: _____

Assessment Notice for this parcel is attached.

Casualty Loss Date: _____

Current Assessed Value as of January 1:

Property Owner's opinion of value as of the above-stated Casualty Loss Date:

Land \$ _____
Improvements \$ _____
Other \$ _____
Total Market Value \$ _____

Land \$ _____
Improvements \$ _____
Other \$ _____
Total Market Value \$ _____

Reason for and requested duration of the exemption. Attach supporting documents (insurance claims, photos, etc): _____

What type of Exemption Application Hearing are you requesting? (Please check one):

WRITTEN - Submitting written documents only. I will not attend my hearing in person.

VERBAL - Verbal testimony will be given (please check one): In Person Via Telephone

PLEASE NOTE: The Property Owner or the Property Owner's Idaho Attorney **must** attend the Verbal Hearing.

Who will represent the Property Owner before the Board of Equalization? Property Owner Attorney

I hereby authorize the person indicated below to serve as my legal representative at the Kootenai County Board of Equalization hearing concerning this property.

Attorney Name (Print): _____ Idaho Attorney License: _____
Attorney Email: _____ Attorney Phone: _____
Property Owner Signature: _____ Date: _____

Applicant has read the foregoing document and hereby certifies and/or declares under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Applicant Name (Print): _____ Applicant Title: _____
Applicant Signature: _____ Date: _____