**APPLICATION FOR TAX** **PENALTY RELIEF - covid-19 IMPACT**

**THIS REQUEST FOR PENALTY CANCELLATION WILL NOT BE CONSIDERED WITHOUT FULL PAYMENT OF ORIGINAL TAXES – THIS REQUEST IS ONLY APPLICABLE FOR PROPERTY TAXES WITH A DELINQUENT PENALTY DATE FROM MARCH 31, 2020 THROUGH APRIL 30, 2020. ANY LATE FIRST INSTALLMENT MUST BE PAID, WITH PENALTY, AT THE TIME THIS REQUEST IS SUBMITTED.**

**Assessee Information:**

**P**lease check which tax bill you are requesting a penalty cancellation:

|  |  |
| --- | --- |
| **Secured Tax Bill: \_\_\_\_\_\_**  | **Unsecured Tax Bill: \_\_\_\_\_\_ Supplemental Tax Bill: \_\_\_\_\_\_** |
| Applicant Name: |
| Assessor’s Parcel Number (APN): |
| Mailing Address: |
| City: | State: | Zip Code:  |
| Daytime Phone No. ( ) |
| Email Address (Optional):  |

**Reason for Request of Penalty Cancellation – COVID-19 Impact:**

|  |  |
| --- | --- |
| **Economic/Financial Hardship:\_\_\_\_\_\_** | **Health Concerns : \_\_\_\_\_\_ Other: \_\_\_\_\_\_** |

Please fully describe the reason(s) for making this request. The reason for this request must be associated with an economic/financial hardship and/or an inability to tender payment due to the County’s or State’s stay at home order or other circumstances associated with the COVID-19 pandemic.

*The failure to pay timely was due to circumstances beyond my control, occurred in spite of the exercise of ordinary care, there was no willful neglect involved, and was for the following reason(s). Attached additional pages if necessary.:*

|  |
| --- |
|  |
|  |
|  |
|  |

I *declare and certify* under penalty of perjury that the information contained in the foregoing statement is true and correct and that I am signing as the assessee of record or his/her authorized agent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date