



# **PROPERTY OWNER'S CANCEL PENALTY REQUEST**

**\*\*Please note that cancel penalty requests cannot be approved without payment of taxes in full. Please make out a separate check for the penalty portion, which will be returned if this request is approved.\*\***

Date Submitted: \_\_\_\_\_

Name(s) of Requestor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Best Daytime Telephone Number: \_\_\_\_\_  Home  Cell  Work

Assessment/Parcel #(s): \_\_\_\_\_  
 See List (Please include all pertinent assessment numbers or check the box and attach a separate list)

Fiscal Year(s): \_\_\_\_\_

**In the area below, please give a detailed explanation of your request along with any supporting facts. You may use a separate sheet of paper or a letter if necessary. Be sure to attach any relevant documentation supporting your request for a waiver of penalties as well. (Please print or write legibly in blue or black ink)**

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

**SIGNATURE** \_\_\_\_\_

**I certify UNDER PENALTY OF PERJURY that the above statement is true and correct.**

For Internal use only

**Request APPROVED**  
Per R & T Code:  4985.20  4985.00\_\_\_\_\_  4985.25  2610.50  2910.1

**Request DENIED**  
Reason for denial: \_\_\_\_\_

Supervisor/Reviewer Initials \_\_\_\_\_

Date \_\_\_\_\_