ERICK ROESER AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR

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AMANDA RUCH, CPA ASSISTANT AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR

BROOKE KOOP, CPA ASSISTANT AUDITOR-CONTROLLER TREASURER-TAX COLLECTOR

KATHLEEN PARNELL
ASSISTANT AUDITOR-CONTROLLER
TREASURER-TAX COLLECTOR

APPLICATION FOR WAIVER OF DELINQUENT FEES

Applicant:						
Mailing Address:						
Property Address:						
Contact Phone Number: _ Assessment/Parcel No.	Email Address (optional):					
	Year	Installment No.	Tax Amt.	Penalty Amt.	Total	Delinquent Date
grant or deny claims for the car Delinquent penalties and fees Taxation Code of the State of shall not relieve the lien of tax assessee demonstrates to the Ta address provided on the tax ro	are applic Californi kes, nor sl Fax Collect	ed to property to a. Section 2610 nall it prevent the ctor that delinque	ax assessments i 0.5 of the R & T ae imposition of dency is due to t	n accordance with Code indicates the penalties imposed the Tax Collector's	the laws of that "failure to has failure to many and the laws of t	he Revenue and receive a tax bill as can be made if the ail the notice to the
* R & T Code 2512 (a) "the received more than 30 days at					y received in	the mail if it is
Property taxes are the responsativer of penalties. Listed by					circumstance	es that qualify for
R & T Section 2610.5	rec	ceived by new ow	ner. (Applies to c	January 1. Tax bill ventrent year only.) Simum of 30 days to	taff to confirm	
R & T Section 4985			to incorrect addr	ess due to Tax Colle	ector or Assess	or's error.

R & T Section 4985.2	 Payment was mailed timely, but was postmarked late by Post Office. (Must have written statement and verification from postal service.) Check was returned by the bank due to a bank error. (Must be accompanied by written verification from the bank.) Failure to make timely payment is due to a documented hardship arising from a shelter-in-place order, as defined in this section. (Taxes must be paid no later than June 30 of the fiscal year in which the payment first became delinquent and supporting documentation must be provided with this application)
Other Reason Not Listed Above:	(Requires written explanation of circumstances and can be approved by Tax Collector.) If request is being made based on circumstances of a medical nature, a signed statement from a physician, on physician letterhead, must accompany this application.
I,correct.	, certify under penalty of perjury that the above information is true and
	te county officials and representatives thereof to disclose information provided on to verify any discrepancies solely for the purpose of action on the enclosed claim.
Date Sig	gnatureOwner/Assessee
	For office use only
Approved:	Title:
Denied:	Title:
Date	