

ALISHA MCMURTRIE
TREASURER-TAX COLLECTOR
(P) 760-878-0312
(F) 760-878-0311
inyottc@inyocounty.us
Se Habla Español



JOEY PETERSON
ASSISTANT TREASURER –
TAX COLLECTOR

MOANA CHAPMAN
OFFICE TECHNICIAN III

FABIOLA ISIDRO
OFFICE TECHNICIAN III

COUNTY OF INYO
TREASURER-TAX COLLECTOR

Taxpayer Request for Penalty Cancellation

AFFIDAVIT

In accordance with the provisions of Section 4985.2 (a) (1) of the Revenue and Taxation Code, State of California, I hereby **Certify Under Penalty of Perjury** that the failure to make a timely payment on the account (s) shown below was due to reasonable cause and circumstances beyond the assessee's control and occurred notwithstanding the exercise of ordinary care and the absence of willful neglect and for this reason request cancellation of penalty that attached at 5 o'clock p.m. on the delinquent date of: _____.

Fiscal Year: _____ Assessor's Parcel Number: _____ - _____ - _____

Statement of Circumstance:

Dated this: _____ day of _____, 20____

Applicant Signature: _____

Address: _____

ATTACH APPROPRIATE DOCUMENTATION JUSTIFYING CANCELLATION

Office Use Only

Approved: Denied: Check Amount: \$ _____ Return Date: _____

Authorized signature: _____ Date: _____

