County of Colusa Treasurer-Tax Collector

Cindy Dillard



547 Market St, Suite 111 Colusa, CA 95932

Main (530) 458-0440 Fax (530) 458-0442 colusattc@countyofcolusa.org

APPLICATION FOR TAX PENALTY RELIEF

Please complete the following information for which you are requesting a penalty cancellation or if you are military personnel on active duty requesting tax relief. Please submit supporting documentation and a check for tax payment along with a separated check for penalties and applicable costs with this request. Each request must be signed and dated by the taxpayer. Applications that are not accompanied by supporting documentation and payment of taxes, penalties and applicable costs will be automatically denied.

Tax Payer Name:					
Claimant Name (if di	fferent from above):				
Mailing Address:					
Daytime Telephone:		E-mail:	E-mail:		
Please indicate the to	ype of tax bill, year a	nd installment(s) for	which you are requ	esting a penalty	
Annual	Supplemental	Prior Years	Unsecurded	Adjusted Bill	
Parcel No: (APN):	Assessment No.(s):				
Tax Year	_ 1 st Installment	2 nd Instal	2 nd Installment Penatly		
limited circumstance	eason(s) for filing this	or to cancel penaltie	s.	Codes (R & T) provides	
• ,	ot of and understand on is true and comple			penalty of perjury that	
Signature of Claimant or Agent			[Date	

Sign and mail this request with supporting document and payments to: Colusa County Tax Collector, 547 Market Street, Suite 111, Colusa, CA 95932.