



**COUNTY OF MADERA**  
**OFFICE OF THE TREASURER/TAX COLLECTOR**  
**TRACY KENNEDY**  
200 W Fourth St. 2<sup>nd</sup> Floor, Madera, CA 93637  
Telephone: (559) 675-7713 / Fax: (559) 673-0262  
E-mail: COVID19taxpenaltyreq@maderacounty.com

**REQUEST FOR PENALTY CANCELLATION**  
**COVID-19 IMPACT**

**THIS IS NOT A TAX WAIVER**

**THIS REQUEST FOR PENALTY CANCELLATION WILL NOT BE CONSIDERED WITHOUT FULL PAYMENT OF ORIGINAL TAXES. PLEASE SUBMIT PAYMENT WITH YOUR REQUEST, NO LATER THAN JUNE 1, 2020.**

**THIS REQUEST IS ONLY APPLICABLE FOR PROPERTY TAXES WITH A DELINQUENT PENALTY DATE FROM MARCH 31, 2020 THROUGH MAY 30, 2020. ANY LATE FIRST INSTALLMENT MUST BE PAID, WITH PENALTY, AT THE TIME THIS REQUEST IS SUBMITTED.**

**PLEASE ALLOW 6 TO 8 WEEKS FOR REVIEW.**

**Assessee Information:**

Please check which tax bill you are requesting a penalty cancellation. **PENALTIES ONLY**

**Secured Tax Bill:**       **Supplemental Tax Bill:**

**Amount of Tax:** \$ \_\_\_\_\_ (TAXES NOT WAIVED)

**Amount of Penalty Waiver Request:** \$ \_\_\_\_\_ (PENALTY AMOUNT ONLY)

Date of Request:		
Applicant Name:		
Assessor's Parcel Number (APN):		
Property Address:		
City:	State:	Zip Code:
Is This Your Primary Residence: (Y/N)		
Is This a Business: (Y/N)		Date of Business Closure:
Payment Due Date:		
First Installment Paid (December 2019)? (Y/N)		
Mailing Address:		
City:	State:	Zip Code:
Daytime Phone No. ( )		
Email Address :		

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

**THIS IS NOT A TAX WAIVER**

**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.*


Please check all the boxes below that apply to the supporting documentation that you are providing as well as the COVID-19 related event(s) that may qualify as and 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. Please be sure to redact any social security numbers or confidential information.

- Note from physician or medical staff:**
  - Medically vulnerable (quarantined)
  - Caretaker for medically vulnerable (immediate relative/member of household quarantined)
  - Caretaker for an immediate relative/member of household with a COVID-19 diagnosis
  - COVID-19 positive diagnosis
- Hospital release form indicating date of admission:**
  - Hospitalized due to COVID-19 diagnosis
- Fatality due to COVID-19 diagnosis or complication thereof**
- Employer notification of employment release due to COVID-19:**
  - Loss of job / laid off
  - Filed for Unemployment
  - Reduced Work Hours
  - Employer permanently/temporarily closed
- Document showing owner/operator unable to conduct business due to COVID-19:**
  - Business Closed
  - Reduced Business Hours
- Eligible for Federal Stimulus**

**PLEASE SUBMIT PAYMENT WITH YOUR REQUEST, NO LATER THAN JUNE 1, 2020**

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

**PLEASE REVIEW THIS IMPORTANT INFORMATION BEFORE  
COMPLETING AND SUBMITTING YOUR REQUEST:  
THIS IS NOT A TAX WAIVER**

**INSTRUCTIONS**

1. Complete the Assessee Information section, sign, and date the form. The form must be signed by an owner whose name appears on the title of the property or his/her authorized agent.
2. Attach all supporting documentation (if available) to substantiate your request. Please redact any social security numbers or confidential information on your support documentation. If documentation is not available please indicate that in your description.

**Examples of supporting documentation may include, but are not limited to, the following:**

- Note from physician or medical staff
- Hospital release form indicating date of admission
- Employer notification of employment release due to COVID-19
- Employer notification of business closing/reduced hours due to COVID-19
- Document showing owner/operator unable to conduct business due to COVID-19

3. Mail the completed and signed form, along with a check for any outstanding taxes that have a delinquent date between March 31, 2020 through May 30, 2020 (penalties excluded) to:

**Madera County Tax Collector  
200 W 4<sup>th</sup> St. Ste 2200  
Madera, CA 93638**

Completed and signed form with documentation may also be also emailed to: [COVID19taxpenaltyreq@maderacounty.com](mailto:COVID19taxpenaltyreq@maderacounty.com) .  
Payment (penalties excluded) must be received within 5 business days upon emailing your request.

Please allow 6-8 weeks for review. If after review, the penalty cancellation is denied, the assessee will receive notice that the penalties are due and payable. If you need more time to submit your request, please contact our office immediately.

Please contact this office with any questions you have concerning the request for cancellation of penalties process.

Under Revenue and Taxation Code (RTC) section 4985.2, a taxpayer may request cancellation of any penalty assessed on secured, supplemental, or unsecured property taxes by completing and submitting a request to the tax collector. However, penalties incurred as a result of certain financial conditions (e.g. bankruptcy) may not qualify for cancellation.

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<b>For Tax Collector Use Only</b>	
Date Received: _____	Payment Submitted: _____ (Y/N)
APN: _____	
NOTES: _____ _____	
Approved: _____	Denied: _____
By: _____	Date: _____
Processed by: _____	Process Date: _____