

Office of the Treasurer-Tax Collector

Contra Costa County

REQUEST FOR PENALTY CANCELLATION – COVID-19 IMPACT

YOUR REQUEST WILL NOT BE CONSIDERED WITHOUT FULL PAYMENT OF REQUIRED AMOUNT

You MUST review all instructions on the backside of this form before submitting your request.

I. Assessee Information:

Name(s):		
Parcel / Account Number:	Primary Residence: <input type="checkbox"/>	
Mailing Address:		
City:	State:	Zip Code:
Daytime Phone No. ()	Alternate Phone No. ()	
Email Address (Optional):		

II. Check the type of tax bill being requested for penalty cancellation:

Secured Tax:

Unsecured Tax:

Supplemental Tax:

III. Check the reason for the request as related to impact of COVID-19:

Financial Hardship

Health Concerns

Other _____

IV. Describe in detail the reason(s) for making this request. The reason must be associated with an economic/financial hardship and/or an inability to tender payment due to the County or State stay-at-home orders 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).

(Attach additional pages if necessary)

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 of Assessee or Authorized Agent

Date

**PLEASE REVIEW CAREFULLY THE FOLLOWING IMPORTANT INFORMATION
BEFORE COMPLETING AND SUBMITTING YOUR REQUEST**

INSTRUCTIONS:

1. The use of this Request form is limited to the following:

Under [Executive Order N-61-20](#), a taxpayer may file a claim with the tax collector for relief of penalties on property taxes for owner occupied residential real property and real property owned and operated by a taxpayer that qualifies as a small business under the Small Business Administration's Regulations, Code of Federal Regulations, Title 13, section 121.201. The taxpayer must satisfactorily demonstrate to the tax collector that they have suffered economic hardship and/or an inability to tender payment of taxes due to the COVID-19 pandemic, or any local, state or federal response to COVID-19 for the request to be approved.

NOTE: A separate Request form must be submitted for each tax bill you request penalty cancellation.

2. Complete all sections of the Request form, then sign and date it. Incomplete Request forms will be denied.
3. Make check payment (e-payments not allowed) for the total amount of the following, where applicable:
 - a. Full amount of unpaid installment, including penalties, that became delinquent **before** to March 4, 2020.
 - b. Full amount of unpaid installment, excluding penalties, that became delinquent **after** March 4, 2020.
4. Attach all available supporting documentation to substantiate your request. Please redact social security numbers and any other confidential information on your supporting documentation. If documentation is not available, please indicate that in your description in section IV of this form.

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

- Note from physician or medical staff or hospital release form indicating COVID-19 related illness
- Employer notification of business closing or employment release due to COVID-19 Health Orders
- Documents showing owner/operator unable to conduct business due to COVID-19 Health Orders

5. Mail the completed and signed form, installment coupon(s), supporting documentation and payment to:

**CCC Tax Collectors Office
Attn: COVID-19 Penalty Relief
P.O. Box 631
Martinez, CA 94553**

If after review your request for penalty cancellation is denied, your check payment will be returned to you, and you will be given a certain amount of time to remit a full payment *including penalty* or to submit additional documentation. If the 2019-2020 taxes are not settled by June 30, 2020, the property will become tax-defaulted.

For Office Use Only			
Date Received: _____	Payment Submitted: _____	(Y/N)	
Approved: _____	Denied: _____	By: _____	Date: _____