



Riverside County Treasurer-Tax Collector  
Attn: Cancellation of Penalties  
P.O. Box 12005  
Riverside, CA 92502-2205

## PROPERTY OWNER'S CANCEL PENALTY REQUEST

### **PLEASE REVIEW THIS IMPORTANT INFORMATION BEFORE COMPLETING YOUR REQUEST**

A taxpayer may request cancellation of any penalty assessed on a Secured or Unsecured property by completing and submitting this request. The request is required to be completed – signed and dated with all supporting documentation and payments. **SUBMIT TWO (2) CHECKS PAYABLE TO Riverside County Treasurer: CHECK # 1 – PROPERTY TAX AMOUNT, CHECK # 2 – PENALTY AMOUNT (IF PENALTIES ARE CANCELED, CHECK # 2 WILL BE RETURNED TO YOU). Applications that are not accompanied by the supporting documentation, payment of taxes, penalties, and applicable costs will be considered incomplete and will be rejected.**

The following “reasons” for late payment are common examples which are **NOT** sufficient enough for the Tax Collector as prescribed by state law to waive penalties and these requests **will be denied**:

- “I did not receive a tax bill.”
- “I forgot.”
- “I was out of town or Country.”
- “I did not have enough money to pay the tax on the deadline.”
- “I’ve paid on time for 30 years and think I should not be penalized this time.”
- “I did not pay due to (some special event).”
- “My bank returned the check in error.”
- “Your website rejected my payment.”
- “I thought my mortgage company was going to pay.”
- “I paid off my mortgage and forgot to pay my taxes”

**Requests MUST be accompanied by documentation / proof supporting the reason for request, i.e., check(s) lost in mail will need check ledger copies and bank statements. Hospitalizations require discharge records; death requires copies of death certificate, etc.**

**Send Cancel Penalty Request with supporting documentation, and payments to:**

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**\*\*Please note that cancel penalty requests cannot be approved without payment of taxes in full. Please make out a separate check for the penalty portion, which will be returned if this request is approved. \*\***

Date Submitted: \_\_\_\_\_

Name(s) of Requestor: \_\_\_\_\_

Mailing Address (To be used for related correspondence and / or refunds associated with this request):

\_\_\_\_\_ NUMBER AND STREET

\_\_\_\_\_ CITY, STATE, ZIP

Best Daytime Telephone Number: \_\_\_\_\_  Home  Cell  Work

Parcel#(s)/PIN#(s)/Bill#(s): \_\_\_\_\_

See List (Please include all pertinent assessment numbers or check the box and attach a separate list)

Fiscal Year(s): \_\_\_\_\_

**In the area below, please give a detailed explanation of your request along with any supporting facts. You may use a separate sheet of paper or a letter if necessary. Be sure to attach any relevant documentation supporting your request for a waiver of penalties as well. (Please print or write legibly in blue or black ink). PLEASE ALLOW APPROXIMATELY 4-6 WEEKS TO PROCESS THIS REQUEST. REQUESTS MAY TAKE LONGER DURING PEAK COLLECTION PERIODS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

By signing this form I attest under penalty of perjury that the above information is true and correct

**TREASURER-TAX COLLECTOR USE ONLY**

Request APPROVED  
Per Revenue and Taxation Code:  4985 \_\_\_\_\_  4985.2  4985.2(b)  2610.5  2910.1

Request DENIED  
Reason for denial: \_\_\_\_\_

Supervisor / Reviewer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Second Reviewer Initials: \_\_\_\_\_ Date: \_\_\_\_\_