TEHAMA COUNTY SANITATION DISTRICT NO. 1

APPLICATION FOR WAIVER OF DELINQUENT PENALTIES/ FEES

Property Owner Name: _____

Assessor's Parcel Number _____ FY_____

Mailing Address: _____ City: _____ State: ___ Postal: _____

Contact Phone: _____ Email: _____

Delinquent penalties and fees are applied to property address assessments in accordance with the laws set forth in the Tehama County Sanitation District No. 1 Ordinance No. 2119 of the State of California. The waiver of these penalties may be considered in very specific circumstances. Please review the information below. If you believe your circumstances qualify and would like to apply for a penalty waiver, please complete this form indicating the reason you believe you qualify and return it to this office with the appropriate documentation. The waiver of penalties is at the Department of Sanitation's discretion. A waiver must be based on reason, supported by documentation, and is not guaranteed. **Failure to receive a sanitation bill that was generated and mailed timely by the Sanitation Department is NOT a qualifying circumstance** which states in part, "failure to receive a sanitation bill shall not relieve the lien of the property parcel, nor shall it prevent the imposition of penalties imposed." **Financial hardships are not a qualifying circumstance.** Examples of financial hardship may include but are not limited to loss of income, job loss, loss of investments, unfavorable business environment, business closure, or lack of liquidity.

Please check the box associated with the reason for penalty waiver request:

- ☐ The Sanitation Department failed to mail an invoice.
- ☐ Sanitation bill was mailed to incorrect address due to the Sanitations Departments error.
- ☐ Other reasonable causes and circumstances beyond the property owner's control. *MUST include a written explanation of circumstances and supporting documentation.*

Sign and date the sworn statement below. Return this form along with TWO checks: one check for the original bill amount only, and one check for the penalty and fee amount only. WE WILL NOT consider your application if payment is not included. If your application is approved, the check written for the penalty and fee amount will be returned to you. If your application is denied, both checks will be processed to satisfy the amount due on the sanitation bill. Please allow up to four weeks for penalty waiver processing.

I, _____, certify under penalty of perjury, on the date of _____, that the above information and any statements, or additional provided documentation are true and correct.

Department of Sanitation Use Only: Date Received: _____

Finance Manger Recommendation	Executive Director Decision
Approval ☐ Finance Manager: _____	Approved ☐ Director: _____
Denial ☐ Date: _____	Denied ☐ Date: _____

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