

HUMBOLDT COUNTY ASSESSOR

JEFF JOHNSON • ASSESSOR

ASSESSOR@HCNV.US

PARTIAL ABATEMENT APPEAL FORM

Parcel/Account Number:

Petitioner/Owner's Name:

Mailing Address:

City:

State:

Zip:

Was an abatement card completed and filed by the deadline: Yes No

Abatement/Cap Applied on Tax Bill: 3% Other

Please outline the reason you believe you are entitled to a higher abatement:

By signing below, the Petitioner/Owner affirms and certifies under penalties pursuant to law that the above statements are true and correct.

(Any person who falsely claims to be entitled to a partial abatement from taxation, with the intent to evade the payment of the amount of ad valorem taxes required by law shall pay a penalty of three times the amount of tax deficiency, in addition to the amount of taxes due and any other penalty provided by law.)

Signature:

Date:

For use by County Assessor/Treasurer Personnel only	
Date received by Assessor's Office:	Received by:
Assessor's Determination:	
Qualifies for 3%	Does NOT qualify for 3% Cap
Assessor Remarks:	
Date of Determination:	Determined by:
Date submitted to Treasurer:	Submitted by:
Treasurer Remarks:	
Date of Change to the roll, if any:	Changed by:
New Bill to be generated and mailed? Yes No	Sent by:
Date of notification/bill mailed to Petitioner/Owner:	Sent by: