

TAMALPAIS UNION HIGH SCHOOL DISTRICT
District Office
Larkspur, California

REQUEST FOR ABATEMENT OF PARCEL TAX

NAME (PRINT): _____

PARCEL ADDRESS: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____

I am the owner of the following contiguous assessor parcels:

Principal Parcel A.P. # _____

A.P. # _____ A.P. # _____

Please outline below any unusual circumstances to support why these parcels should be treated as one unit and list the parcels for which you request that the parcel taxes, Measure M be abated by the Tamalpais Union High School District:

Executed on _____, 20_____, in _____ California.

I declare under the penalty of perjury the foregoing is true and correct.

Signature

Filing date for submitting your Request for Abatement of Parcel Tax is May 1st of any year, for the following property tax year, (i.e., July through June)

Please return this application to: Tamalpais Union High School District
c/o SCI Consulting Group
4745 Mangels Blvd.
Fairfield, CA 94534

Email: oapsupport@sci-cg.com ~ Phone: 844-332-0549 ~ Fax: (707) 430-4319

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PLEASE INCLUDE A SIGNED PARCEL COMBINATION REQUEST OR A COPY OF THE RECORDED NOTICE OF MERGER FROM THE MARIN COUNTY ASSESSOR / RECORDER / COUNTY CLERK - (415) 473-5073.

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If you have any questions, or need assistance in completing this form, call 707-430-4300.

THIS SPACE FOR PARCEL TAX ADMINISTRATOR ONLY

Request Approved: _____ Request Denied: _____ Date _____

Reason if Denied: _____ Administrator Initials _____