

**EL DORADO COUNTY**  
**BOARD OF EQUALIZATION**



330 FAIR LANE  
PLACERVILLE, CALIFORNIA 95667  
PHONE (530) 621-5390

Enclosed is an Application for Abatement of Penalty before the El Dorado County Board of Equalization. Please complete and submit said Application to the Board of Supervisors' Office at: 330 Fair Lane, Placerville, California 95667. Abatement of Penalty applications must be received by the Clerk no later than 5:00 p.m., November 30, 2023. Applications filed by mail shall be addressed properly with postage prepaid and postmarked no later than November 30, 2023, to be deemed filed in a timely manner.

Filing of this Application for Abatement of Penalty does not relieve the applicant from the obligation to pay his or her taxes on or before the applicable due date. If an Abatement of Penalty is granted, a refund of the penalty will be made by the County. Applications received within the proper time period will be set for hearing before the Board of Equalization. At which time, you will be notified by mail at least 45 days in advance of the date of your hearing.

If you need assistance in completing this form, please contact our County Assessor's Office at (530) 621-5719.

Thank you,

Board of Equalization  
County of El Dorado

Kim Dawson  
Clerk of the Board of Supervisors  
and ex Officio  
Clerk of the Board of Equalization

By: \_\_\_\_\_  
Sr. Deputy Clerk

Enc.

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**Application for Abatement of Penalty**

PLEASE PRINT OR TYPE:

Business Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

The undersigned hereby applies to the El Dorado County Board of Equalization for abatement of penalty added to the current roll pursuant to Revenue and Taxation Code 463.

Applicant's failure to file an annual property statement with the County Assessor was due to reasonable cause and not due to willful neglect, to wit:

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

THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND:  Yes  No

If for any reason you decide to withdraw this application, that action will also constitute withdrawal of your claim for refund.

I declare (or affirm) the foregoing is true and correct.

Date \_\_\_\_\_ Signed \_\_\_\_\_

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**BOARD OF EQUALIZATION ACTION**

**Date** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

Tax Area Code	Parcel # or Acct. #	Name	Assessed Value. of Penalty	Tax Rate	Approx. Amount of Penalty