

Penalty Waiver Request

Ι		_ request that penalty be waived on
	(print name)	
the above account. Th	nis penalty waiver request is	for the month of
	. , , .	(month/year)
I understand that a μ	penalty can only be waived on	e (1) time during a twelve month period.
nature of Owner/Agent: _		Date:
	Please submit the comp	eted form to:

Mail: Seminole County Tax Collector

Attn: Maribel Walker

PO Box 630

Sanford, FL 32772

Email: maribel.walker@seminolecounty.tax

Fax: (407) 665-7603

If you have any questions, contact our office at: 407-665-7638