

**Itasca County Request for Penalty, Interest, Cost Abatement**

**Date Requested:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicants Mailing Address:**

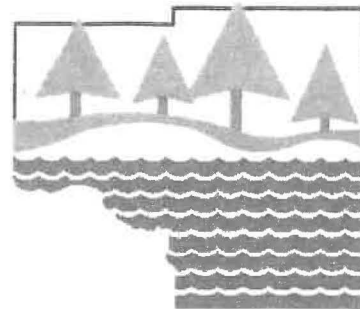
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Year taxes payable:** \_\_\_\_\_

**Type of Property:** \_\_\_\_\_



**This Purpose of this abatement is to abate the following:**

	<i>Penalty:</i>	<i>Interest:</i>	<i>Cost:</i>	<i>Year</i>
Parcel # _____	\$ _____	\$ _____	\$ _____	_____
Parcel # _____	\$ _____	\$ _____	\$ _____	_____
Parcel # _____	\$ _____	\$ _____	\$ _____	_____

City or Township	School Dist.	Sec/Twp./Rge	Parcel Numbers

**Statement of Facts:**

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

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**County Auditor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved**

**Denied**