

North Sonoma County Hospital District
Application for Parcel Tax Exemption

Tax Year 20__ - 20__

INSTRUCTIONS: This form is to be completed by the owner of record of the parcel of land subject to the parcel tax. It must be filed every 4 years and does not automatically renew itself. Please complete the information below, attach the documents requested and return it to: Controller, North Sonoma County Hospital District, 1375 University Avenue, Healdsburg, CA 95448. If you have any questions regarding this application, please call (707) 431-6351.

Clearly Print or Type All Responses

1. Name as it appears on your property tax bill.

Last Name	First Name	Initial
Telephone No.	Email address	

2. Address of taxable parcel #1 as it appears on your property tax bill.

Street Address	City	Zip Code
____ - ____ - ____		
Assessor Parcel Number		

3. Address of taxable parcel #2 as it appears on your property tax bill.

Street Address	City	Zip Code
____ - ____ - ____		
Assessor Parcel Number		

4. Address of taxable parcel #3 as it appears on your property tax bill.

Street Address	City	Zip Code
____ - ____ - ____		
Assessor Parcel Number		

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- 5. Attach a copy of County Assessor's Parcel Map highlighting the parcels included in this request for exemption.
- 6. Attach copies of the most recent Property Tax bills for the parcels in question.
- 7. Please answer all of the following questions:

a. Is the parcel in question used exclusively for public or quasi-public purposes? If so, please explain.

YES

NO

b. Has the parcel been utilized with another parcel for the construction of a single residence so that it cannot be separately sold? If so, please explain.

YES

NO

c. Does the parcel have other characteristics that would indicate that it has little or no value that should be considered? If so, please explain.

YES

NO

Use additional paper if further explanation is required.

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I certify that I am the owner of the property described above. Under penalty of perjury, I declare that the information contained in this application is, to the best of my knowledge, correct and complete.

Signature

Date

The North Sonoma County Hospital District reserves the right to verify any and all information provided in this application and to seek additional clarification if required. You will receive a response within 30 days of the District's receipt of this complete application.

MAIL OR DELIVER THIS APPLICATION TO:

Controller
North Sonoma County Hospital District
1375 University Avenue, Healdsburg, CA 95448