



TAX RELIEF REINSTATEMENT REQUEST DUE TO HARDSHIP

Name: _____ **Parcel:** _____

Address: _____

Hardship: Please explain your hardship in detail. If additional space is needed please use a separate sheet of paper. Submit this form with all documentation listed on application or with recertification affidavit.

Medical: _____

Financial: _____

Reason Not Listed: _____

By signing below, I certify all information above is accurate, true and complete. I understand that this form does not guarantee my reinstatement into the Tax Relief Program. I understand that this a request to be reinstated into the tax relief program.

- I agree with the above statement
- I disagree with the above statement

Applicant/Agent Printed Name _____ Signature _____ Date _____

For Office Use Only: **Approved** **Denied** **Reviewer:** _____