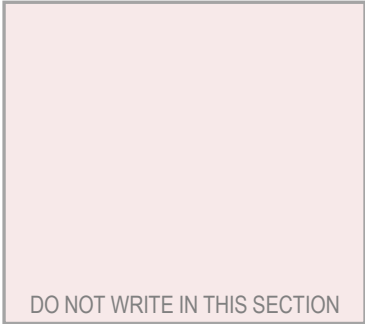


ADMINISTRATIVE PENALTY APPEAL

Please note: It is the obligation of the property owner to pay annual fees and update their contact information with the Department. The failure to receive an Annual Bill does not relieve the property owner of the legal obligation to pay annual fees and does not provide a basis for the waiver of any penalties.



CRITERIA **FILL IN THE APPROPRIATE BUBBLE**

- 1. Debilitating illness and/or death of property owner.
 - a. For illness, documented proof from their doctor is required to substantiate your claim.
 - b. For death, a copy of the death certificate is required.
- 2. Change of ownership: The new landlord must register the property within forty-five (45) days of the sale date. A copy of the Grant Deed must be submitted.
- 3. Change of Exemption Status: Rental units must be registered within (10) days from the date the units became rented. A copy of the rental agreement must be submitted.
- 4. Department error (must specify error).

THIS APPEAL FORM IS TO DISPUTE DELINQUENT/LATE FEES ONLY

REGULAR FEES MUST BE PAID FOR YOUR APPEAL TO BE REVIEWED (UNLESS INVOICES ARE BEING HELD IN COLLECTIONS).

PAID? YES NO

ASSESSOR'S PARCEL #: _____ INVOICE #: _____

PROPERTY ADDRESS: _____

OWNER'S NAME: _____ SALE DATE: _____

OWNER REPRESENTATIVE REQUIRES AUTHORIZATION POLICY AGENT/REPRESENTATIVE FORM (SEE BACK FOR DETAILED INFORMATION)

OWNER'S MAILING ADDRESS: _____

HOME WORK MOBILE

PRIMARY PHONE #1: _____ EMAIL: _____

Please turn page to document your justification and for additional information.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Owner _____
(Or authorized agent/representative)

Print name _____

Date _____

Please mail or email the completed form and supporting documents to:

CITY of LOS ANGELES - HCIDLA
Billing & Collections Unit
P.O. Box 17790
Los Angeles, CA 90017-0790
Email to HCIDLA.billing@lacity.org

- OFFICIAL USE ONLY -

Reviewed By: _____ Date: _____

Approved Denied: Regular fees not paid No Documentation/Insufficient Documentation

Approved By: _____ Date: _____ Adj. Amount: \$ _____

