



One-Time Property Tax Penalty Waiver Request Form

Property owners may request a waiver to avoid paying a penalty for late property tax payment.

Current Year Taxes Only

(Please print)

PIN (Property ID Number): _____
 Owner: _____
 Owner/Taxpayer address: _____
 City: _____ State: _____ Zip Code: _____
 Name and address of party requesting waiver: _____
 Role at the company (if applicable): _____
 Property Address: _____

A penalty waiver will be granted one time only and must be requested in the current tax year.

- Owners may request one penalty waiver per parcel once every 10 years.
- The waiver may apply to either the first-half OR second-half payment, but not both.
 - Completed first-half waiver requests must be received between May 16th and October 15th.
 - Completed second-half waiver requests must be received between October 16th and December 31st.
- Penalty Waivers can only be requested by the property owner or an authorized signer:
 - Owner ○ CEO/CFO/President or VP ○ Controller
 - Spouse ○ POA/Personal Representative
- The owner must ensure that payment and the signed waiver are received and accepted by the due date.
- Please complete one form for each parcel if requesting penalty removal for multiple properties.
- If penalty removal results in an overpayment of taxes, the balance will be applied as a pre-payment for the next tax cycle.
- To submit a waiver request, complete and sign this form (please print), and send it along with your payment, postmarked or dropped off by the deadline to:

Anoka County Property Records & Taxation
 2100 3rd Ave.
 Anoka, MN 55303

Waivers will ***not*** be granted if:

- The parcel has a history of late payments, delinquent taxes owed, or currently has a confession of judgment contract.
- The owner has used the waiver for penalty on the parcel in the last 10 years.
- The party requesting the waiver is not authorized to do so:
 - Previous owner (if the parcel was recently sold) ○ Manager/Supervisor
 - Relative other than spouse ○ Accountant
 - Title Company/Property Management Company ○ Tenant/Lessee

By signing this form, I am stating that I understand the conditions of this request and agree to the terms above.

Signature: _____
 Day-time Phone: _____ Date: _____
 Email address: _____

For more information regarding our abatement policy please go to:
<https://www.anokacountymn.gov/4275/Applications-Special-Programs>

ANOKA COUNTY OFFICE USE ONLY:

<input type="checkbox"/> OWNER	<input type="checkbox"/> APPROVE
<input type="checkbox"/> DELQ	<input type="checkbox"/> DENY
ADJ DATE: _____	
ADJ AMOUNT: _____	
INITIALS: _____	