



**City of Amherst**  
**Income Tax Department**  
**480 Park Avenue Amherst, OH 44001-2258**  
**Phone (440) 988-4212 Fax (440) 988-3749**  
 Mark S. Hullman - Treasurer

## REQUEST FOR ABATEMENT

To be considered, this form must be returned within thirty (30) days

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS # \_\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

I/We request abatement of the **penalty and/or interest** for the tax year(s): \_\_\_\_\_

**Reason:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (s) \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

FOR OFFICE USE ONLY

Year	Tax	Penalty	Interest	Notes: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____