



# GREGG APPRAISAL DISTRICT

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Libby Neely, RPA, CCA, CTA  
Chief Appraiser

## PENALTY WAIVER REQUEST

<b>Account Number:</b>	<b>Tax Year:</b>
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Instructions: This form is used to request a waiver of the rendition penalty or waiver of the additional information request penalty. Although the use of this form is not required, it will result in speedier consideration of your request. The request must be in writing, accompanied by supporting documentation, stating the grounds on which penalties should be waived and must be sent to the chief appraiser not later than the 30<sup>th</sup> day after you received notification of the imposition of the penalty.

### Step 1: Business/Ownership information in GCAD Records

Business Name and Address	Description
_____	_____
_____	Property Location:
_____	_____

### Step 2: Waiver Type (Mark the Appropriate Box)

Rendition Penalty                       Additional Information Request Penalty

### Step 3: Reason for Waiver

Below is a list of common reasons for a waiver request. You may check one the reasons below, or provide another reason by checking the box labeled "Other". You may attach additional pages as necessary. Please be advised that checking one of the boxes below provides no indication of waiver approval.

<input type="checkbox"/> We are a new business and were unaware of the rendition requirements. <b>(Attach rendition)</b>	<input type="checkbox"/> We had a recent mailing address change and the packet was not received <b>(Attach rendition)</b>
<input type="checkbox"/> We relied on a third party who failed to comply with the rendition requirements <b>(Attach rendition)</b>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> A valid and timely rendition was filed. <b>(Attach a copy of the submitted rendition and, if applicable, a copy of the certified mail receipt)</b>	_____
	_____

I certify the information in this document and any information attached is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number