

FOR TAX OFFICE USE ONLY:

YEAR: _____

ACCT: _____

CITY OF GREENVILLE

Department of Taxation
100 Public Square
Greenville, Ohio 45331-1499
Telephone Number (937) 548-5747
Fax Number (937) 548-3035
www.cityofgreenville.org

REQUEST FOR ABATEMENT (FORM RFA)

TAXPAYER INFORMATION

NAME (S): _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

SSN (S) OR FIN: _____

YEAR: _____

REASON FOR REQUEST: (BE SPECIFIC - MAY USE BACK OF FORM IF NECESSARY)

TAXPAYER'S SIGNATURE: _____ DATE: _____

NOTE: YOUR REQUEST FOR ABATEMENT WILL BE REVIEWED BY THE TAX ADMINISTRATOR. YOU WILL RECEIVE WRITTEN NOTIFICATION FROM THIS DEPARTMENT WITHIN THREE (3) TO FIVE (5) BUSINESS DAYS.

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DATE: _____ AMOUNT ABATED: \$ _____ SIGNED: _____

NOTES:

