



**SEMINOLE COUNTY TOURIST DEVELOPMENT TAX
PENALTY WAIVER REQUEST**

Account: _____

Owner/Agent Name: _____

Property Address: _____

I _____ request that penalty be waived on the
(Print Name)

above account. This penalty waiver request is for the month of _____.
(Month/Year)

I understand that a penalty can only be waived one (1) time during a twelve month period.

Signature of Owner/Agent: _____ **Date:** _____

If you have any questions, please call the Seminole County Tax Collector at (407) 665-7638.

Submit Completed Form To:

Mail: J.R. Kroll, Seminole County Tax Collector
Attn: Maribel Walker
PO Box 630
Sanford, FL 32772-0630

Fax: (407) 665-7603

Email: maribel.walker@seminolecounty.tax