

**COMMERCIAL MARIJUANA CULTIVATION TAX – MEASURE S – REFUND REQUEST  
SUPPLEMENTAL INFORMATION FORM**

Assessment Appeal Application  
Number *(For official use only)*

Tax Year of Cultivation refund requested: 20

\*Use separate form for each year if more than one request.

If county staff and I cannot come to resolution, I request any hearing on my application be held before a hearing officer, if available. I understand if I do not make this request, any hearing will be held before the Assessment Appeals Board.

Cannabis Cultivation Application/Permit Number: PLN-

Assessor Parcel Number (on which taxes are assessed):

Name of Premise Property Owner:

Name of Application/Permit Holder:

Amount and Type of Cultivation Billed and Paid:

Sq Ft:	Type: Outdoor	Mixed Light	Indoor	Amount Paid: \$
Sq Ft:	Type: Outdoor	Mixed Light	Indoor	Amount Paid: \$
Sq Ft:	Type: Outdoor	Mixed Light	Indoor	Amount Paid: \$

Refund Request Category:

Property Owner is not permit holder. This bill should be resent to permit holder.

No Cultivation Occurred during the year but tax was paid.

Taxes paid based on permitted square footage were more than what was cultivated:

Requested Adjusted Amount and Type of Cultivation:

Sq Ft:	Type: Outdoor	Mixed Light	Indoor
Sq Ft:	Type: Outdoor	Mixed Light	Indoor
Sq Ft:	Type: Outdoor	Mixed Light	Indoor

Detailed narrative describing circumstances and justification/evidence supporting refund request:

(Attach or use additional pages)