



City of Lorain

Income Tax Department

605 W. 4TH St. Lorain, OH 44052
Phone (440) 204-1002 Fax (440) 204-1006

Terri Soto - 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: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____