

REQUEST FOR AND AUTHORIZATION OF DISCHARGE OF ACCOUNTABILITY
_____ COUNTY TAX COLLECTOR'S OFFICE

The following have failed to pay unsecured property taxes in the sum of \$(amount) duly assessed for the year ____ - _____. I believe that further collection effort would be nonviable. I hereby request a discharge of accountability in accordance with provisions of California Revenue and Taxation Code section 2923. Such discharge would not release the person(s) named herein from the payments of any amounts that are due and owing.

County Tax Collector
State of California

Executed at (time), (county) County this (day) day of (month), (year).

[Approved | Not Approved]

Attest: _____ County Board of Supervisors

Clerk of the Board of Supervisors

By _____
Deputy

Seal