



**Eddie Cook**  
**Maricopa County Assessor**

**EXEMPTION DEADLINE WAIVER**

**PLEASE CHECK ONE EXEMPTION TYPE:**

Personal (Widowed/Totally Disabled/Disabled Veteran)  Organizational

**Purpose:** The application for tax exemption was filed on or after March 1 and constitutes a waiver of the deadline per A.R.S. § 42-11153.

**A COMPLETED APPLICATION MUST BE SUBMITTED ALONG WITH THIS EXEMPTION DEADLINE WAIVER BY SEPTEMBER 1**

Date: \_\_\_\_\_ Parcel or Account Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Self  Other: \_\_\_\_\_

Reason for not filing timely: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return this waiver and completed application with supporting documents to our office (available options):

**File Online:** Visit our office's website at [mcassessor.maricopa.gov](http://mcassessor.maricopa.gov)

**Email:** [PE.SVP@Maricopa.gov](mailto:PE.SVP@Maricopa.gov) OR [ASR.OE@Maricopa.gov](mailto:ASR.OE@Maricopa.gov)

**Mail or drop off in person:**

Attn: PE (for Personal) or OE (for Organizational)  
Maricopa County Assessor  
301 W Jefferson St  
Phoenix, AZ 85003

*I hereby request that the waiver of the deadline for the tax exemption be redeemed by the Maricopa County Board of Supervisors per A.R.S. § 42-11153.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_