North Sonoma County Healthcare District
Application for Parcel Tax Exemption

Tax Year 2026 - 2027

INSTRUCTIONS: This form is to be completed by the owner of record of the parcel of land subject to the parcel tax. It must be filed every 4 years and does not automatically renew itself. Please complete the information below, attach the documents requested and return it to the North Sonoma County Healthcare District Board Clerk, Juliana Dougan, at jdougan@nschd.com; and Board Treasurer, Brian Callahan at brianschd@gmail.com by **November 13, 2026**. If you have any questions regarding this application, please email jdougan@nschd.com.

Clearly Print or Type All Responses

1. Name as it appears on your property tax bill.

   _____ _____ _____
   Last Name First Name Initial

   _____ _____
   Telephone No. Email address

2. Address of taxable parcel #1 as it appears on your property tax bill.

   _____, _____ _____
   Street Address City Zip Code

   _____- _____- _____
   Assessor Parcel Number

3. Address of taxable parcel #2 as it appears on your property tax bill.

   _____, _____ _____
   Street Address City Zip Code

   _____- _____- _____
   Assessor Parcel Number

4. Address of taxable parcel #3 as it appears on your property tax bill.

   _____, _____ _____
   Street Address City Zip Code

   _____- _____- _____
   Assessor Parcel Number

5. Attach a copy of County Assessor's Parcel Map highlighting the parcels included in this request for exemption.

6. Attach copies of the most recent Property Tax bills for the parcels in question.

7. Please answer all of the following questions:

    a. Is the parcel in question used exclusively for public or quasi-public purposes? If so, please explain.

        YES NO

_____
_____
_____
_____

    b. Has the parcel been utilized with another parcel for the construction of a single residence so that it cannot be separately sold? If so, please explain.

        YES NO

_____
_____
_____
_____

    c. Does the parcel have other characteristics that would indicate that it has little or no value that should be considered? If so, please explain.

        YES NO

_____
_____
_____
_____

Use additional paper if further explanation is required.

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I certify that I am the owner of the property described above. Under penalty of perjury, I declare that the information contained in this application is, to the best of my knowledge, correct and complete.

_____ _____
Signature Date

The North Sonoma County Healthcare District reserves the right to verify any and all information provided in this application and to seek additional clarification if required. Preferably, applications should be received via e-mail at jdougan@nschd.com or brianschd@gmail.com. You will receive a response within 30-days of the District's receipt of this complete application.

DELIVER THIS APPLICATION BY NOVEMBER 13, 2026 TO:

Juliana Dougan, Board Clerk
jdougan@nschd.com
Brian Callahan, Board Treasurer
brianschd@gmail.com
or
North Sonoma County Healthcare District
Attn: Juliana Dougan
P.O. Box 2126
Healdsburg, CA 95448