

# REPAYMENT AGREEMENT

## Delinquent Property Taxes

**TOWN OF PITTSFORD**  
**PO BOX 10**  
**PITTSFORD, VT 05763**  
**(802) 483-6500 Ext. 20**

**NAME:** \_\_\_\_\_  
**PARCEL #** \_\_\_\_\_  
**PROPERTY LOCATION:** \_\_\_\_\_  
**TAX YEAR:** \_\_\_\_\_  
**CURRENT AMOUNT DUE:** \_\_\_\_\_  
**1% Interest will be added on the 28<sup>th</sup> of each month.**

I (WE) \_\_\_\_\_ hereby establish the following payment plan for the reimbursement of delinquent taxes due the Town of Pittsford. I (WE) agree that payments will be made as specified in this agreement.

Cumulative payments must eliminate all outstanding debt prior to the end of this fiscal year (June 30) unless other settlement plans are made with the tax collector. I (WE) understand that missed payments are cause for termination of this agreement and may result in court action or sale of all or a portion of the property for total collection of the debt. I (WE) also understand that, as a result of this debt, a lien has been placed on the property to be removed only upon termination of the delinquency. Execution of this agreement constitutes neither resolution of the debt nor authority to remove a delinquent party from the list of delinquent taxpayers published in the town report.

$$\begin{array}{ccccccc}
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 \text{Amt. of Total Debt} & & & \text{Payment} & & \text{No. of Payments} & & \text{Should equal zero by end of fiscal year (6/30)} \\
 \text{*Unless other arrangements are made, tax delinquency cannot exceed beyond the end of the fiscal year (6/30).}
 \end{array}$$

**AMOUNT OF MONTHLY PAYMENT \$** \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<i>Signature</i>	Taxpayer	Date
<i>Signature</i>	Taxpayer	Date
<i>Signature</i>	Delinquent Tax Collector	Date

After signing, return this agreement for signature of the tax collector. A copy will be returned to you for your records. NO MONTHLY REMINDER NOTICE will be sent.