

PARCEL # _____
[or]
TPP Account # _____

Date: _____
Check _____ Cash _____
Amount: _____
Processed By: _____

PUTNAM COUNTY TAX COLLECTOR'S OFFICE PARTIAL PAYMENT PLAN AGREEMENT

The Putnam County Tax Collector has chosen to allow partial payments to be made against current property taxes as allowed by Florida Statute 197.374(1), enacted by the legislature at the 2009 session. The plan allows for you to make up to three payments prior to April 1st, the date of delinquency and will only be allowed for the current tax year. See agreement below.

TO BE FILLED OUT BY OWNER:

Owner's Name _____
Mailing Address _____

Telephone # () _____
Cell # () _____
e-Mail _____

IF PAYOR IS DIFFERENT FROM OWNER:

Payor Name _____
Mailing Address _____

Telephone # () _____
Cell # () _____
e-Mail _____

By participating in this payment plan I understand and agree to the following:

Initial each item below after reading

- 1) _____ Partial Payments may be accepted for the payment of **current Property Taxes only.**
- 2) _____ **No** early payment **discounts** are **allowed** on Partial Payments.
- 3) _____ **A fee of \$10.00** will be subtracted from **each partial payment** made.
- 4) _____ All unpaid taxes are **delinquent** on **April 1st** of the year following initial billing.
- 5) _____ After **April 1st**, all applicable **penalties, costs, and fees will apply** to the balance due.
- 6) _____ A **Tax Certificate** will be **issued** on the full legal description of the property **on or before June 1st** of the tax year following the assessment regardless of the remaining balance due. If that Tax Certificate is not paid in full, loss of title to the property may take place in the same manner as with any other unpaid taxes, regardless of the remaining amount due.
- 7) _____ The Taxpayer is responsible for making all partial payments; no balance due reminders will be mailed
- 8) _____ I may use the partial payment plan **only for the current taxes.** I understand installment options may be available to pay for future tax years (those years occurring *after* the year taxes have been paid through this partial payment procedure) if the installment plan is sought before May 1st of the tax year for which installment payments are to be made.

INFORMATION PERTAINING TO THE INSTALLMENT PLAN UNDER FLORIDA STATUTE 197.222 IS AVAILABLE UPON REQUEST

By signing below I understand the Partial Payment Plan as explained to me and acknowledge that for every payment I make under the plan a \$10.00 fee will be subtracted from my payment and any remaining balance as of April 1st will be considered delinquent.

Signature of Owner (or Payor if different from owner)

Date