



# Office of the Treasurer and Delinquent Tax Collector

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## Delinquent Property Tax Payment Plan Agreement

Parcel ID: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Name (if different): \_\_\_\_\_

Contact Phone or email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Amount due at time of agreement: \_\_\_\_\_ Payment start date: \_\_\_\_\_

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_ monthly until the balance for the above mentioned Parcel ID is paid in full including any interest and fees that will continue to accrue.

I, \_\_\_\_\_, agree to pay the full balance due on the above-mentioned Parcel Id by \_\_\_\_\_.

I understand that default of this payment agreement will result in collection attempts to resume on my property as defined in 32 V.S.A. § 5252.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Delinquent Tax Collector

\_\_\_\_\_  
Date

This agreement is subject to reassessment every three months to review payment status and ensure that financial terms are set appropriately for a timely payoff.