



**County of Mecklenburg**  
**Office of the Treasurer**  
 Post Office Box 250  
 Boydton, Virginia 23917  
 Telephone 434-738-6191, Ext. 4251



**PAYMENT PLAN CONTRACT**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Employee Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Length of Employment \_\_\_\_\_

\_\_\_\_\_

Delinquency Research (check one or both)

Personal Property \_\_\_\_\_ Real Estate \_\_\_\_\_ Fees \_\_\_\_\_

Account # \_\_\_\_\_ Map # \_\_\_\_\_

\_\_\_\_\_ PR # \_\_\_\_\_

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**TAXPAYER AGREES TO MAKE MONTHLY PAYMENTS OF \$ \_\_\_\_\_**  
**BEGINNING \_\_\_\_\_**

**By signing this contract, the taxpayer agrees to make monthly payments of the agreed amount stated on this contract. Payments must be made every month beginning the month the contract is signed until the balance is paid. Failure to make monthly payments will result in the taxpayer being removed from the payment plan and this contract will terminate. Taxpayer understands that penalty and interest will continue to accrue on the balance owed until the balance of the delinquent taxes is paid.**

Signature of taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Prepared By \_\_\_\_\_ Date Prepared \_\_\_\_\_