



County of Mecklenburg

Office of the Treasurer

Post Office Box 250

Boydton, Virginia 23917

Telephone 434-738-6191, Ext. 4251



PAYMENT PLAN CONTRACT

Taxpayer Information

Name _____ Social Security Number _____ - -

Address _____ Home Telephone: ()
 _____ Work Telephone: ()

Employer _____ Employee Telephone ()

Address _____ Length of Employment _____

Delinquency Research (check one or both)

Personal Property _____ Real Estate _____ Judgment Fee _____
 Map # _____
 PR # _____

TAXPAYER AGREES TO MAKE MONTHLY PAYMENTS OF
\$ _____ BEGINNING _____

Prepared by: _____

Date Prepared: _____

By signing this contract, the taxpayer agrees to make monthly payments on 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 results in the taxpayer being removed from the payment plan and this contract will terminate.

Date of Signature

Signature of Taxpayer