

PAYMENT AGREEMENT

I HEREBY AGREE TO PAY \$ _____ TO THE TAX COLLECTOR OF PUTNAM CONNECTICUT ON A MONTHLY / WEEKLY BASIS UNTIL DELINQUENT TAXES ARE PAID AND CURRENT.

THE FIRST PAYMENT WILL BE MADE ON _____ (DATE).

I UNDERSTAND THAT THIS AGREEMENT IS NOT CONSIDERED VALID UNLESS THE AGREEMENT HAS BEEN APPROVED BY THE TAX OFFICE.

I UNDERSTAND THAT FAILURE TO MAKE TWO CONSECUTIVE PAYMENTS WILL RESULT IN NULLIFYING THIS AGREEMENT.

I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT THE PUTNAM TAX OFFICE SHOULD I BE UNABLE TO MAKE A SCHEDULED PAYMENT.

TAXPAYER SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____