

CHAMISE CUBBISON
AUDITOR-CONTROLLER
TREASURER-TAX COLLECTOR



CHEYANNE GORDON
ASSISTANT TREASURER-TAX
COLLECTOR

MENDOCINO COUNTY TREASURER-TAX COLLECTOR
501 LOW GAP RD. ROOM 1060, UKIAH, CA 95482
(707) 234-6875
TTC@mendocinocounty.gov

Date: _____

This Escape Bill meets the minimum requirement of \$500, I am formally requesting the option to remit payment for the escape assessments in installments, as permitted by the California Revenue and Taxation Code § 4837.5.

The initial down payment of 20% will be due by (enter due date) _____.
Furthermore, I pledge to ensure that all other taxes associated with this parcel remain current until the escape assessments have been paid in their entirety. **Any additional bills due and payable must be resolved before a payment plan can be initiated.**

Print Name _____
Mailing _____
Address _____

Telephone _____
Email Address _____
Signature _____

<u>FOR OFFICE USE ONLY</u>	
<u>DUE DATES</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____ Secured	
_____ Unsecured	
INTEREST	
_____ No Interest	
_____ .75% Interest per month	

I acknowledge that I have read and understand the attached terms and conditions of this Escape Payment Plan Agreement. I hereby agree to make the required payments each fiscal year by April 10th. I also agree to pay all current and supplemental taxes coming due in each fiscal year before the delinquent date of the second installment. *Additional payments can be made at any time. There are no pre-payment penalties for paying off plan early.*

Bill No./Yr. ACCOUNT NUMBER/PARCEL NUMBER

**YOU MUST RETURN THIS
CONTRACT ALONG WITH
YOUR CHECK OR
MONEY ORDER**

20% Down Payment _____

Non-receipt of a notice, does not excuse non-payment.