

GRANT COUNTY

Current Year Payment Plan for COVID-19 Affected Taxpayers Affidavit

FILL IN TOP SECTION ON THIS PAGE ONLY AND EMAIL IN. AMOUNT WILL BE CALCULATED TO SHOW HOW MUCH WOULD BE OWING PER MONTH & RETURNED BACK TO YOU FOR YOUR SIGNATURE ON NEXT PAGE

Taxpayer name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: (to receive copy of document after Treasurer review) _____

Parcel No(s): _____

For businesses, please provide real and personal property parcels associated with the business.

This special payment plan is available to parcels which is the owner's principal residence where the owner has lost their job due to COVID-19. This special payment plan is also available to personal property and real property owned by the business that were required to close per the governor's order. This plan is not available to vacant land that is on a separate parcel that is not associated with a business.

Terms & Conditions

1. The taxpayer agrees to make monthly payments by the 25th day of each month, April through November per the schedule provided with the first payment immediately due in the amount of \$ _____.
2. For this plan, the regular \$5.00 per month payment processing fee is waived. If payment plan is not completed the full fee will be restored and reduce the amount refunded or added to the parcel amount that is outstanding and still owing.
3. The taxpayer understands that any payments returned or declined for insufficient funds or other reasons will result in immediate termination of this agreement and will incur a \$30.00 Bank Returned Item Fee.
4. If payment is not postmarked by the 25th, or first business day if the 25th is on a weekend or holiday, a \$5.00 late fee will be charged if paid by the last day of the month.
5. The taxpayer understands that if a payment is missed, interest and penalty will apply according to RCW 84.56.020. The Treasurer reserves the right to return unapplied payments back to the taxpayer and that parcel and taxpayer will not be allowed to participate in a payment plan in the future.
6. The taxpayer understands that the payments will include interest assessed during the payment plan. No penalty will be applied if the full first-half payment is made in accordance with this agreement.
7. The taxpayer understands payments can be made by mail to: Grant County Treasurer's Office, PO Box 37, Ephrata, WA 98823 or by using our secured drop box located outside of the Courthouse. Payments by mail must be federally postmarked by the due date established to be considered timely. Payment coupons will be given to send with payment.
8. The taxpayer understands that the Treasurer's Office will not be sending reminders or notices regarding payment due dates.
9. The taxpayer understands that this agreement and the payment plan history may be subject to Public Disclosure pursuant to RCW 42.58 if requested.

