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Town of Shaftsbury

Office of the Delinquent Tax Collector

153 Twitchell Hill Road
Shaftsbury, VT 05262

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802-379-2299

Delinquent Property Tax Payment Plan Agreement

Parcel ID: _____

Property Owner Name: _____

Property Address: _____

Contact Name (if different): _____

Contact Phone or email: _____

Mailing Address (if different): _____

Amount due at time of agreement: _____ Payment start date: _____

☐ I, _____, agree to pay \$ _____
monthly until the balance for the above mentioned parcel ID is paid in full including any interest and fees that
will continue to accrue.

☐ I, _____, agree to pay the full balance due on the
above-mentioned Parcel-ID by _____.

I understand that default of this payment agreement will result in collection attempts to resume on my property
as defined in 32 V.S.A. § 5252.

Signature

Date

Delinquent Tax Collector

Date

This agreement is subject to reassessment every three months to review payment status and ensure that financial terms are
set appropriately for a timely payoff.