|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Delinquent Tax Payment Plan (aka Treasurer Contract) Review** | | | | | | | | | | |
| **Property Owner Name**  REQUIRED: Name on Deed/Title | | | | | | | | | | |
|  | Name of Property Owner | |  |  |  | Date application submitted | |  |  |  |
| **Applicant Name (if not owner)**  Ex: Land Contract Buyer or Owner of Business | | | | | | | | | | |
|  | Name of Applicant |  |  |  |  | Relationship to Property/Owner | | |  |  |
| **Phone Number/email** | | | | | | | | | | |
|  | Primary Phone (required) | |  |  |  | Alternate Phone or email |  |  |  |  |
| **Current Residence Address**  Street address where you live – no PO Boxes. | | | | | | | | | | |
|  | Street Address |  |  |  |  | City, State Zip |  |  |  |  |
| **Property with Delinquent Taxes** | | | | | | | | | | |
| List all your properties with past | Street Address |  |  |  |  | Parcel Number | | |  |  |
| due taxes here (use back of form |  | | | | | | | | | |
| or additional space if needed). | Street Address |  |  |  |  | Parcel Number | | |  |  |
|  |  | | | | | | | | | |
|  | Street Address |  |  |  |  | Parcel Number | | |  |  |
| **Do any of the following apply** | *Active Foreclosure* |  | Yes or Yes or |  | No | *Tax Liens* |  | Yes or Yes or |  | No No |
| **to applicant or any owner?** | *Active Bankruptcy* |  |  | No | *Active Military Duty* |  |  |
|  | Check either Yes or No for all | | | |  | Check either Yes or No for all | | | |  |
| **Payment plans initial payment is 20% of total delinquent taxes.** | | | | | | | | | | |
|  |  | | | | |  | | |  |  |
| **Typically, 24 monthly payments required towards remaining delinquency depending upon Certified Delinquent date.** | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **Best time to call/**  **Notes from Applicant:** | | | | | | | | | | |
| **Treasurer Office Use Only:** |  |  |  |  |  |  |  |  |  |  |
|  | Date Received |  |  |  |  | Date Applicant Contacted | | |  |  |

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Please return form by email to Treasurer@logancountyohio.gov or by mail to: Logan County Treasurer

100 S. Madriver, Suite 104

Bellefontaine OH 43311

Check here to certify your online signature.

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Signature of Applicant

Applicant/Property Owner:

Thank you for submitting this application for a delinquent payment plan review. Please be sure to answer all shaded areas. We will review the information along with your tax bill(s) and we will contact you for further discussion or an appointment. We will attempt to contact you within five (5) business days from receipt of the application. Note: Due to staffing limitations, we will not review applications during active tax collection cycles in February and July – we will resume reviews in March and August. For questions, call 937-599-7223.

Thank you.