AFFIDAVIT FOR QUARTERLY TAX PAYMENT PLAN

Office Use Only	
-----------------	--

City of Memphis Copy **Affidavit must be completed and returned by August 31, 2020**

Please properly fill out the information needed on the affidavit below. Failure to submit this affidavit completed to our office by 08/31/2020 will disqualify you immediately. There are no exceptions.

Please print this	s form ar	nd/or fil	ll in the	e shaded areas	5:	
Parcel Number:						
Owner's Name:						
Property Location	n:					
Date of Birth:			Tele	phone Number:		
State of Tennesse City Of Memphis	ee					
I,		, am the	e owner	of the property	located	at
the Shelby Count living on a fixed in residence. Pursua Treasure to perm installments and in Treasurer prescri	y, Tennes ncome, ar ant to T.C. lit me to p agree to c	see. I ar nd use th .A. 67-5- ay my re	n at lea ne subje -1807 (a eal esta	ect property as r a), I request the te taxes in quar	ige, retire my prima e City terly	ed, ary
Further Affiant sa	ith not.					
Signature			•			