



Account Number: _____ Tax Year: _____ Situs Address: _____

Owner Name: _____

I hereby acknowledge that I am the owner of the account number described above. By electing to pay current year taxes in partial payments, I understand it will result in the loss of any applicable discount set forth in s. 197.162, Florida Statutes, the minimum partial tax payment remitted must be \$100 plus the \$10 processing fee (as mandated by law) and any remaining balance becomes delinquent as of April 1st.

Signature and Date

Printed Name

Please print, complete and mail this acknowledgement with your first partial payment.