

**MELINDA L. CASILLAS**  
**TREASURER, TAX COLLECTOR**  
**& PUBLIC ADMINISTRATOR**  
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 (831) 636-4034  
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**OFFICE OF THE TREASURER**  
**& PUBLIC ADMINISTRATOR**  
 (831) 636-4043  
 treas-pa@sanbenitocountyca.gov

**AGREEMENT**  
**SECURED INSTALLMENT PLAN OF REDEMPTION**

You have started paying your delinquent taxes under an installment plan of redemption. Failure to make payments on or before April 10th of each subsequent year will default your installment plan of redemption and could result in your property becoming subject to sale five or more years after your property became delinquent.

To open an account, you will need to pay a \$112.00 fee and a minimum of 20% of the total amount necessary to redeem -AND- you must pay your current taxes on or before April 10th of each year of this plan. Interest is computed at the rate of 1.5% per month on the unpaid balance.

**TO KEEP THE PLAN FROM DEFAULTING, YOU MUST PAY THE ANNUAL PAYMENTS OF 20 PERCENT OR MORE, OF THE REDEMPTION AMOUNT, PLUS INTEREST -PLUS- YOUR CURRENT TAXES. IF YOU FAIL TO MAKE EITHER ONE OR BOTH OF THESE PAYMENTS ON OR BEFORE APRIL 10 OF EACH YEAR YOUR ACCOUNT WILL DEFAULT.**

I hereby agree to make the required payments (as calculated below), **ON** or **BEFORE APRIL 10th** of each fiscal year until paid in full.

I also agree to pay all **SECURED PROPERTY TAXES** which come due in each fiscal year **BEFORE** the delinquent date of the second installment ( April 10th ). Further, I agree to pay the second installment of any **SUPPLEMENTAL PROPERTY TAXES** due no later than June 30th. I understand that all taxes assessed against this property must be kept current in order to prevent default of the installment plan and to avoid having the property become subject to Sale of the Tax Collector.

I understand that the unpaid balance of the **INSTALLMENT PLAN**, plus accrued interest, can be paid-in-full at any time during the term of the plan.

I have read and understand the conditions for placing my delinquent Secured Property Taxes on an **INSTALLMENT PLAN OF REDEMPTION**.

\_\_\_\_\_ ( Print Name )

\_\_\_\_\_ ( Signature )

\_\_\_\_\_ ( Mailing Address )

\_\_\_\_\_ ( City, State )

\_\_\_\_\_ ( Zip Code )

\_\_\_\_\_ ( Telephone )

\_\_\_\_\_ ( Assessee Social Security Number )

\_\_\_\_\_ (Date)

\_\_\_\_\_ ( Assessor's Fee Parcel Number/DEF Number )

\_\_\_\_\_ ( Email Address )

**( SPACE BELOW FOR OFFICE USE ONLY )**

\$ _____	X 20%= \$ _____	+	\$112.00	+	_____	+	\$ _____	=	\$ _____
<b>Redemption Amount</b>	<b>Annual Amount</b>		<b>Processing Fee</b>		<b>Other Fees</b>		<b>Additional Amount</b>		<b>Amount Rec'd To Set Up Plan</b>

Payment Plan Number: \_\_\_\_\_