

Affidavit for Partial Payments

Name: _____

Date: _____

Parcel I.D.: _____

Sign and Return to choose this option.

X _____

I hereby acknowledge by electing to make partial payments on current 2020 taxes that I understand and agree to an additional \$10.00 processing fee per payment; forfeiture of all discounts; responsibility for maintaining records of the remaining balance due; and that any remaining balance **(no matter what the amount)** will become delinquent as of April 1, 2021. **Florida Statutes 197.374**

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