



DOUGLAS COUNTY
Emergency Affected Taxpayer Affidavit
Due to COVID-19

Taxpayer name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: (to receive copy of document after Treasurer review) _____

Parcel No(s): _____

Terms & Conditions

1. The taxpayer agrees to make monthly payments by the last day of each month, April through November, in the amount of \$_____.
2. The taxpayer understands that any payments returned or declined for insufficient funds or other reasons will result in immediate termination of this agreement and will incur a \$35.00 Bank Returned Item Fee.
3. The taxpayer understands that the payments will include interest assessed during the payment plan. No penalty will be applied if the payments are made in accordance with this agreement.
4. The taxpayer understands that if a payment is missed, interest and penalty will apply according to RCW 84.56.020.
5. The Taxpayer understands payments can be made by phone at 1-866-898-2916 using an electronic check or debit/credit cards (the vendor charges a convenience fee), or by mail to: Douglas County Treasurer, PO Box 609, Waterville, WA 98858. Payments by mail must be federally postmarked by the due date established to be considered timely.
6. The taxpayer understands that the Treasurer Office will not be sending reminders or notices regarding payment due dates.
7. The taxpayer understands that this agreement and the payment plan history may be subject to Public Disclosure pursuant to RCW 42.58 if requested.
8. Prior to making the final payment, contact the Treasurer Office to confirm the final payment amount.

