



Janie Harris Hocking County Treasurer

Hocking County Treasurer - 1 East Main Street
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MANUFACTURED OR MOBILE HOME MONTHLY PAY PLAN AGREEMENT

The taxpayer hereby request the Hocking County Treasurer to accept Prepayments towards their estimated manufactured home taxes, next due after the date of signing this agreement and that Prepayment will be retained in an escrow account until the next current tax collection is open and all Prepayments can be applied toward the payment of manufactured homes taxes then due.

The taxpayer understands that Prepayments made must be equal to or exceed the full amount of taxes due for that installment, and that the payments will be applied before the end of the current collection period. The taxpayer also understands that if full Prepayment has not been received, penalties will be applied to the unpaid balance of your manufactured home tax.

The taxpayer authorizes the Hocking County Treasurer to act as his agent for the purposes of receiving his tax bill(s), and applying Prepayments to the manufactured homes taxes then due.

The Treasurer agrees to furnish a tax bill that will include the amount of Prepayments made and the balance due at least 20 days prior to the closing date of the collection then in progress.

Monies received as Prepayment in the escrow account will not be released for other than the payment of taxes, except for the reasons pertaining to transfer of ownership, death of taxpayer, or as required by law. Excess amounts remaining in an escrow account after the payment of manufactured home taxes will (1) remain and be applied toward future manufactured home taxes, or (2) be returned to the taxpayer upon application to the County Treasurer. The application for return of excess escrowed funds will automatically terminate the existing agreement.

For the purposes of this agreement, the County Auditor's Conveyance of Manufactured or Mobile Homes Transfer Record shall control in matters of ownership and transfer. In the event of death, a death certificate shall be required. In all other matter, Section 321.45 of the Ohio Revised Code shall apply.

DATE Signed

SIGNATURE of Taxpayer

Name _____

Address _____

Account Number

Phone _____

Treasurer Signature