



1 Vine Street, PO Box 456, Keeseville, NY 12944

Office: (518)834-9042

www.chesterfieldny.gov

Name of Owner: _____

Name of Tenant (if different): _____

Phone # (please specify cell or home): _____

Address of property: _____

Account #: _____

Date of Payment Plan: _____

Current balance on account: _____

Terms: _____

You must make monthly payments on this account for the payment plan to be valid. If you fail to make payments, late penalties will be imposed and agreement will be void. This is only for the current balance, and additional bills, in following quarters will be on top of this payment plan.

The balance needs to be paid in full by November 1st of the current year to avoid being relieved onto land taxes

Supervisor Town of Chesterfield / Date

Signature of Payer / Date

FOR OFFICE USE ONLY			
Quarter Penalty Scan Removed			
	January		July
	April		October

Supervisor Barber . Councilman Mitchell . Councilman Gload . Councilman Blaise. Councilman Casey www.chesterfieldny.gov