



TOWN OF SCITUATE

Office of the Tax Collector

195 Danielson Pike
P.O. Box 328
North Scituate, RI 02857

PATRICIA M. RUSSO
Tax Collector

(401) 647-5526 phone
(401) 647-5960 fax

REQUEST FOR WAIVER OF INTEREST ON AN OVERDUE QUARTERLY TAX PAYMENT

Taxpayer Name(s): _____
Property Location: _____
Parcel ID#/Acct. #: _____
Telephone #: _____

To be completed by Taxpayer:

I hereby certify that the following information is true:

- 1.) I/We currently reside at the above-referenced property and have resided there since _____ (must be at least 5 years immediately preceding the tax payment which is overdue).
- 2.) I/We have made timely payment of all taxes to the Town for 5 years immediately preceding the tax payment which is overdue. _____
- 3.) The bill for which the payment is overdue was issued on _____ (must be less than 2 years prior to the date of this waiver of interest request).
- 4.) This waiver request is in the amount of \$ _____ (cannot exceed \$500).

Signed: _____ Dated: _____

To be completed by Tax Collector:

Approved/Denied: _____
Tax Year: _____
Annual Tax: _____
Tax Waived: _____
Signed: _____
Dated: _____

Copy provided to the taxpayer: _____

Copy provided to the Town Council & Town Treasurer: _____

APPEAL RIGHTS: If the request is denied, you must pay the interest in full and then may file a claim for reimbursement with the Town Council with 10-days of the date noted above that this decision was provided to you.