



TOWN OF POUCH COVE

660 Main Road
PO Box 59
Pouch Cove, NL
A0A 3L0

(709) 335-2848 (ph)
(709) 335-2840 (fa)
info@pouchcove.ca
www.pouchcove.ca

INTEREST RELIEF AGREEMENT FORM

1.0 ACCOUNT INFORMATION

NAME: _____ ACCOUNT NUMBER _____

CIVIC ADDRESS: _____

MONTHLY PAYMENT AMOUNT: \$ _____ 2023 TAXES _____

OF PAYMENTS: _____ \$ _____

PAYMENT TYPE: CREDIT CARD POST DATED CHEQUES DROP IN/EFT

PAYMENT DATE: 1ST OF MONTH 15TH OF MONTH

2.0 UNDERSTANDING

I agree to make the above noted payments and understand that no interest will be charged on my account as long as I abide by this agreement. I also understand that if I default on a payment, this agreement is null and void and I will be assessed any applicable interest. **Balance in full must be paid by December 31, 2023.**

Signature _____

For the Town of Pouch Cove _____

Date _____