



## TOWN OF POUCH COVE

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

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(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: \$ \_\_\_\_\_

2026 TAXES

# OF PAYMENTS: \_\_\_\_\_

\$ \_\_\_\_\_

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

PAYMENT DATE:  1<sup>ST</sup> OF MONTH  15<sup>TH</sup> 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, 2026.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
For the Town of Pouch Cove

\_\_\_\_\_  
Date