



**Donald E. Rankey, Jr.**

DELAWARE COUNTY TREASURER

**Monthly Escrow Plan**

The taxpayer identified below hereby requests that the Delaware County Treasurer (Treasurer) accept payments toward taxpayer's estimated real estate taxes, to retain the payments in an escrow account until the next current tax collection, and to apply the escrowed funds to the current taxes then due on the parcel(s) listed below.

The Treasurer agrees to retain the payments in an escrow account, apply the payments before the end of the current collection period, and mail the taxpayer a copy of the account showing the balance due at least 20 days before the closing date of collection.

The taxpayer understands that if a stamped "paid" receipt is requested, a self-addressed stamped envelope must be mailed with the tax payment.

Taxpayer understands that if this agreement pertains to more than one (1) parcel of real estate and if there are not sufficient funds at the time of the closing of the collection period to make a full payment on all parcels, payments will be applied in consecutive order with the largest balance being paid first. Further, taxpayer understands that if there is a balance owed after the close of the current half tax collection, the taxpayer is aware that a penalty will be assessed against the balance.

Funds received in the escrow account will not be released for any purpose other than the payment of real estate taxes, except for reasons pertaining to transfer of property ownership, death of property owner, or as required by law. For the purpose of this agreement, the Delaware County Auditor's Conveyance of Real Property Transfer Record shall control in matters of ownership and transfer. In all other matters, Section 321.45 of the Ohio Revised Code shall apply.

Funds remaining in an escrow account after the payment of real estate taxes will remain in the account and be applied toward future real estate taxes or be returned to the taxpayer upon written request made to the Treasurer. The written request to refund excess funds will automatically terminate the existing agreement.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Taxpayer

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Parcel Number

\_\_\_\_\_  
Parcel Address or Road Name

\_\_\_\_\_  
Treasurer or Deputy

\_\_\_\_\_  
Date