

ANNE ARUNDEL COUNTY, MARYLAND
RESIDENTIAL WATER AND/OR SEWER INSTALLMENT AGREEMENT

Property Owner(s): _____

Property Address: _____

Tax Account Number: _____

Owner(s) Mailing Address: _____

Phone Number(s) and Email Address(es): _____

THIRTY (30) YEAR INSTALLMENT PLAN

Check one box only regarding the WATER Capital Facility Connection Charge:

I/We elect to **FINANCE** the entire Water Capital Facility Connection Charge, \$9,351, which will accrue interest at the current bond rate of 4.4085% per year, **payable in thirty (30) annual installments**, beginning January of the calendar year immediately following the execution of this installment agreement.

I/We agree to **PAY** \$ _____ toward the Water Capital Facility Connection Charge.

-- AND --

I/We elect to **FINANCE** the remaining amount due for the Water Capital Facility Connection Charge, \$ _____, which will accrue interest at the current bond rate of 4.4085% per year, **payable in thirty (30) annual installments**, beginning January of the calendar year immediately following the execution of this installment agreement.

Note: If the second box is checked, the amount you pay plus the amount you finance must total \$9,351

Check one box only regarding the SEWER Capital Facility Connection Charge:

I/We elect to **FINANCE** the entire Sewer Capital Facility Connection Charge, \$9,351, which will accrue interest at the current bond rate of 4.4085% per year, **payable in thirty (30) annual installments**, beginning January of the calendar year immediately following the execution of this installment agreement.

I/We agree to **PAY** \$ _____ toward the Sewer Capital Facility Connection Charge

-- AND --

I/We elect to **FINANCE** the remaining amount due for the Sewer Capital Facility Connection Charge, \$ _____, which will accrue interest at the current bond rate of 4.8466% per year, **payable in thirty (30) annual installments**, beginning January of the calendar year immediately following the execution of this installment agreement.

Note: If the second box is checked, the amount you pay plus the amount you finance must total \$9,351

Owner Printed Name and Signature

Date

Owner Printed Name and Signature

Date

****FOR DPW FINANCIAL SERVICES USE ONLY****

Tax Account Number: _____ Permit Number: _____

() Property Owner(s) Name(s) and Address(es) agree with the SDAT

Verified By: _____ Signature: _____ Date: _____

Original: OFFICE OF FINANCE - Copy: DPW FINANCIAL SERVICES - Copy: PROPERTY OWNER(S)