

Application for Waiver of Delinquent Motor Vehicle Bill Interest for Tax Years Prior to July 1, 2013

Required Vehicle Information:

Bill Number _____

Year/Make/Model _____

Plate (Tag) # _____

Vin# _____

Please answer all of the questions below, sign, and submit this completed form with your documentation attached to the Pitt County Tax Administrator.

Had no prior delinquent tax payments for the vehicle for which relief is sought? Yes No

Did you move out of North Carolina and register this vehicle during the time period of the original bill? Yes No

If yes, please submit a copy of the other state's registration showing a renewal date during the time period of the bill(s).

Were you active military at the time the delinquent bill(s) was originally due? Yes No

If yes, please submit a copy of your Leave Earnings Statement (LES) from the time period of the bill(s).

Did you have a serious illness at the time the delinquent bill(s) was originally due? Yes No

If yes, please submit documentation of your serious illness.

I certify that the information contained on this form and the attachments are complete and accurate in its entirety.

Print Owner Name: _____

Owner Mailing Address Street/PO Box: _____

Owner Mailing Address City/State/Zip: _____

Owner Signature: _____ Date: _____ Phone Number: _____

Please return this completed form to the Pitt County Tax Administrator in person at 111 South Washington Street, Greenville, NC; or by mail to Post Office Box 43, Greenville, NC 27835 -004; or by facsimile to (252) 830-0753.

