

OUR RECORDS INDICATE THAT YOU ARE DELINQUENT IN FULFILLING YOUR PROPERTY TAX OBLIGATIONS FOR THE FOLLOWING YEARS AND AMOUNTS. PLEASE VISIT OR CALL THE OFFICE OF THE TAX COLLECTOR TO MAKE ARRANGEMENTS FOR PAYMENT. IF YOU HAVE ALREADY PAID, KINDLY PROVIDE PROOF OF PAYMENT (PAYMENT RECEIPT) SO THAT WE CAN UPDATE OUR RECORDS ACCORDINGLY. THANK YOU.

Outstanding amount reflects interest as of the date of issuance and therefore is subject to change.

TAX YEAR AMOUNT OUTSTANDING

TITLE 23, VIRGIN ISLANDS CODE, SECTION 321 REQUIRES OWNERS TO AFFIX THE STREET NUMBER OF EACH HOUSE IN A CONSPICUOUS PLACE. PLEASE BE SURE THE PHYSICAL ADDRESS OF YOUR PROPERTY IS CLEARLY VISIBLE FROM THE STREET TO HELP LOCATE YOUR PROPERTY IN THE EVENT OF AN EMERGENCY.

The Wastewater User Fee (WUF) is calculated based on the number of Equivalent Residential Units (ERU) assessed to a property. The ERU represents a single user of the wastewater system, such as a single family residence. Multiple ERUs are assessed to properties that contain multiple residences or commercial establishments. Effective on the 2014 Property Tax bill, the WUF will be increased to \$110.77 per Equivalent Residential Unit (ERU). A complete chart of the Territorial Wastewater ERU Equivalencies is available online at www.viwma.org.

Examples: Church - 1 Unit; Offices - 1 unit for each 30 employees; Hotel, motel resort - 1 unit per room; Food Service Facility - 1 unit for each 10 seats or portion thereof; Rented Room - 0.25 units per room.

Wastewater User Fee questions only: St. Thomas/St. John: 340-715-9100 St. Croix: 340-712-4962

Please fold and tear payment coupon along perforation and remit with payment in the envelope provided.

Control Number: 97245

Invoice Number: 18777208

If paying by credit card, please complete the following information:

Visa

MasterCard

Parcel Number:

1-09803-0101-00

Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer.

Credit Card Number: _____ Expiration Date: _____ (month/year) email: _____

Cardholder Name: _____ (Please Print) Payment Amount: \$ _____ Daytime Phone Number: (____) _____

If payment is received by 09/25/2015 your discounted payment amount is \$22,173.43

Cardholder Signature: _____

YOU MAY NOW PAY ONLINE!
<http://propertytax.vi.gov>

MUST INCLUDE COPY OF EITHER PASSPORT OR DRIVER'S LICENSE

Address Correction or Change of Address Information Requested (Please Print)

1-09803-0101-00

Street _____ City _____ State _____ Zip _____

email _____