

## **Monthly Payment Request Form**

Name (as it appears on tax bill):

Tax Map #:

Notice (Bill) #:

Property Location:

Name of person making request:

Mailing address:

Contact #:

Signature:

Date:

Mail to:       **Richland County Treasurer**  
                  **Attn: Planned Payment**  
                  **PO Box 11947**  
                  **Columbia, SC 29211**

If you wish to include a payment, make your check payable to **Richland County Treasurer**.