



Office of the Tax Reducer
 United States Virgin Islands Property Tax Reduction Service (P-TAX)[™]
 A Service of
 Minkoff & Associates, LLC/REALTORS[®]
 3004 Altona, Suite 1-Medical Arts Complex
 St. Thomas, VI 00802
 Phone: (340) 774-PTAX (7829)
 Email: info@USVIP-TAX.com
 Minkoff & Associates, LLC/REALTORS[®], in business since 1991.



OUR AGREEMENT AND APPOINTMENT AS AGENT: Property Tax Exemption, Grievance, and Appeal Authorization

I/am or we/are the person(s) named in the records of the United States Virgin Islands, Office of the Lt. Governor, Office of the Recorder of Deeds, and the Tax Assessor as the title holder(s) of the subject property below described, as the record party to whom the U. S. Virgin Islands Property Tax bills are sent, or the attorney-in-fact for the person(s) named herein (in which instance the Power-of-Attorney is attached hereto and made a part hereof):

PRINT NAME: _____ PRINT NAME: _____ PRINT NAME: _____

I/we hereby engage and authorize the Office of the Tax Reducer, United States Virgin Islands Property Tax Reduction Service (P-TAX)[™], A Service of Minkoff & Associates, LLC/REALTORS[®] (hereinafter ("P-TAX")[™]) as my exclusive agent to file for exemptions, and/or file an appeal/application/petition on my/our behalf and to exclusively represent me/us in any and all actions, administrative hearings, and proceedings with and/or before the Government of the United States Virgin Islands, Office of the Lt. Governor, Office of the Tax Assessor, and any and all other departments and/or appeals boards and courts of the United States Virgin Islands as may be necessary to pursue a correction of the property tax assessment as it appears for the following real property:

(INSERT YEAR(S) TO WHICH THIS IS/ARE APPLICABLE) _____, _____, _____

Parcel No. _____, Estate _____, Quarter: _____,

Property Tax Parcel No. _____ Island District of (check one): ___ STT-STJ; ___ STX

FEE FOR SERVICE: I/we agree to pay (P-TAX)[™] a fee of fifty percent (50%) of the property tax savings as a result of the service rendered by agent herein including, but not limited to, filing for exemptions; filing of an administrative hearing; and/or an application/petition/appeal to correct the final property tax assessment for the above noted years and property.

OTHER SERVICES AND FEES: Exemptions: Exemptions at applicable rates noted above in "FEE FOR SERVICE"; Obtaining a waiver of penalties. **PAYABLE IN ADVANCE:** Payment plans, \$250.00; Tax Status Letter, \$115.00, Tax Clearance Letter, \$125.00.

I/we agree to pay the above stated fee within thirty (30) days of the date of the invoice for such fee. Beginning thirty (30) days after invoice date, signatory(s) individually and collectively agree to pay interest on the unpaid balance at a rate of eighteen (18%) percent per annum. In the event of non-payment I/we hereby agree that (P-TAX)[™] may file a lien against the subject property, and that the legal and other expenses of the preparing and filing the lien and collection of the debt shall be at the expense of the signatory(s), individually and collectively.

TERMS & LIMITATIONS: By my/our signature(s) hereto, I/we acknowledge that P-TAX[™] has given no assurances regarding the outcome of this engagement, as prior results do not guarantee similar outcomes. If required by the Tax Assessor, or to support the tax reduction process, I/we agree to provide notarized signatures on documents to be filed on my/our behalf. If the signatory(s) is/are a corporate person, then the signatory(s) for the corporate person provide documentation that they are duly authorized and empowered to enter into this Agreement on behalf of the corporate person. This document represents the entire Agreement between the parties. In making this Agreement, neither party has relied on any representation or agreement not expressly stated in this Agreement. This Agreement can be amended only by a written document signed by all parties hereto. This Agreement shall be enforceable and construed in accordance with the laws of the U. S. Virgin Islands.

CLIENT, BY: _____ DATE: _____
 (SIGNATURE)

 (PRINT NAME)

BY: _____ DATE: _____
 (SIGNATURE)

 (PRINT NAME)

BY: _____ DATE: _____
 (SIGNATURE) ATTORNEY-IN-FACT

 (PRINT NAME)

BY: _____ DATE: _____
 APPROVED AND ACCEPTED FOR P-TAX

 (PRINT NAME)

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