PRINCE GEORGE’S COUNTY
Treasury Division
County Administration Building, Room 1090
Upper Marlboro, Maryland 20772

COMMITMENT TO PAY REAL PROPERTY TAXES

Section 3104(c)(i) Real Property Article, Annotated Code of Maryland, authorizes use of this form in lieu of payment of property taxes to facilitate transfer of property on the assessment/tax records. This form must be TYPED or PRINTED CLEARLY. ALTERED VERSIONS OF THIS FORM WILL NOT BE ACCEPTED. CORRECTIONS OR CHANGES ON THIS FORM WILL RESULT IN REJECTION.

I. TO BE COMPLETED BY MORTGAGE/DEED OF TRUST HOLDER:

I hereby certify that _____________________________ has funds in reserve to pay the FY___ real property taxes on tax account #_____________ in the amount of $_______________.
I warrant and guarantee that __________________________________________ will make payment to the Treasurer of Prince George’s County, Maryland on or before September 30 of the current year in the amount necessary to satisfy the tax obligations.

___________________________________  ___________________________________
Print Name and Title of Authorizing Party  Date

___________________________________  ___________________________________
Signature of Authorizing Party  Telephone Number Including Area Code

___________________________________  ___________________________________
Print Name of Company  Fax Number Including Area Code

Company Address including Zip Code

II. TO BE COMPLETED BY SETTLEMENT ATTORNEY

I warrant and guarantee that the above certification has been signed by a bona fide agent for the Mortgage/Deed of Trust holder. I further warrant and guarantee that if the Treasurer of Prince George’s County, Maryland has not received payment by September 30 next, I will have the necessary payment in his/her hands, including interest and penalties, out of my own funds, within three working days of notification to me that the Mortgage/Deed of Trust holder has not honored the above obligation.

_____________________________________ ___________________________________
Print Name and Title of Authorizing Realty Specialist  Date

_________________________________________ _______________________________________
Signature of Authorizing Party  Telephone Number Including Area Code

_________________________________________ _______________________________________
Print Name of Firm  Fax Number Including Area Code

Company Address Including Zip Code

Cashier:          __________________
Date:    __________________
Transfer:   __________________
Date Paid: ______________

Rev 05/07 (This form may be copied but not altered)
PGC TREAS Form #003