

TAX INFORMATION REQUEST FORM

VERBAL INFORMATION WILL NOT BE PROVIDED
THE FOLLOWING TAX INFORMATION IS NOT CERTIFIABLE



Name of Law Firm: _____ Email: _____

Name of person requesting information: _____

Name of Present Owner: _____

Purchasers Name (Where Applicable): _____

Purchasers Mailing Address: _____

Civic # _____

Roll # _____

Date Requested: _____

Date of Transfer of Interest _____

Purpose of Tax Information Request: Purchase__ Sale__ Finance__ Other__

IS THIS PROPERTY TO BE SUBDIVIDED? YES__ NO__

Method of Payment: Visa/MasterCard Number _____

Expiry Date _____

Name on Credit Card _____

Signature _____

RECEIPT # _____

RATE INFORMATION

Property Tax/year _____

Business Tax/year _____

OUTSTANDING TAXES TO December 31, 20 _____

Property Assessed Value: _____

Water Tax/year _____

Connection Fee _____

Other _____

O/S INFORMATION ONLY VALID FOR 30 DAYS – RESUBMISSIONS AFTER THAT TIME WILL REQUIRE AN ADDITIONAL \$100

Property Tax _____

Business Tax _____

Water Tax _____

Connection Fee _____

Other _____

Interest will be charged at the rate of 1.17% at month's end (14% per annum).

Information given by _____ Date _____

INFORMATION EXPIRES ON _____

PLEASE NOTE: _____

WHEN REQUESTING A TAX CERTIFICATE IN THE EVENT OF A SALE, PLEASE INCLUDE A COPY OF THE DEED, SURVEY, PURCHASERS NAME AND MAILING ADDRESS.

NOTE: FEE REQUIRED FOR TAX INFORMATION (\$100.00).

TAX CERTIFICATE (\$50.00 AFTER THE SUPPLY OF TAX INFORMATION) Fees are subject to change every January.

****Vendor Waiver. Release of private information – MUST BE COMPLETED****

I, _____ (Please print) the registered/legal owner of the above mentioned property herby give my permission to release the requested tax information to the above noted law office.

Signature _____

EMAIL REQUEST TO: taxinformation@conceptionbaysouth.ca