TAX INFORMATION REQUEST FORM

THIS IS NOT A TAX CERTIFICATE

Name of Law Firm:	Fax #:	Phone #:	
Contact Person:			
Name of Present Owner(s):		·	
Purchaser(s) Name <i>(Where Applicable)</i> :			
Purchaser(s) Mailing Address (Mandatory	as per the Assessment Act):		
Civic#:			
Date Requested:			
Purpose of Tax Information Request:	Purchase	Sale	
	Finance/Mortgage	Other	
Date of Transfer:	IS THIS PROPERTY TO B	BE SUBDIVIDED? YES NO	
Vendor Waiver –R	elease of private informatio	on –MUST BE COMPLETED	
WHEN REQUESTING A TAX CERTIFIC PURCHASER(S) NAME AND	Signature CATE IN THE EVENT OF A SAL	to the above noted law office. LE, INCLUDE A COPY OF THE DEED, SURVEY, do not send warranties or affidavits. DMPLIANCE LETTER \$200.00	
RATE INFORMATION -Provided I	by the Town of Portugal Cov	ve-St. Philip's	
Civic#:	PAR ID#:		
Yearly Taxes: Property:		wer:	
Business:			
OUTSTANDING TAXES to Decemb			
Property:	Water/Se	Water/Sewer:	
Business:	Other:		
TOTAL AMOUNTREQUIRE	D:		
Interest will be charged at the rate of	1% per month on all outstan	ding balances, next on:	
OUTSTANDING INFORMATION (ONLY VALID FOR 30 DAYS	PLEASE RE REQUEST AFTER THAT TIME.	
Comments:			