

REQUEST FOR TAX INFORMATION

TOWN OF CLARESHOLM
111 – 55 Avenue West
P.O. Box 1000 CLARESHOLM, AB T0L 0T0
Email: info@clareholm.ca
Phone : 403-625-3381 Fax: 403-625-3869

REQUESTED BY: _____

OFFICE: _____

NAME: _____

PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____ **FILE #** _____

PROPERTY DESCRIPTION

CIVIC ADDRESS _____

LEGAL ADDRESS _____

TAX INFORMATION

TAX ROLL # _____

PROPERTY TAXES FOR 20 _____ **AMOUNT: \$** _____ **PAID** _____ **NOT PAID** _____

PENALTIES ON UNPAID TAXES (IF ANY) _____

OTHER CHARGES APPLIED TO TAXES _____

TOTAL AMOUNT OWING ON TAXES _____

ON TIPPS YES NO AMOUNT PAID TOWARDS CURRENT YEAR TAXES: \$ _____

NOTE: TIPPS PAYMENTS ARE WITHDRAWN ON THE 3RD DAY OF EACH MONTH
IN ORDER TO TERMINATE THE MONTHLY AUTOMATIC WITHDRAWLS FOR TIPPS, A
SIGNED TERMINATION OF TIPPS FORM OR LETTER OF REQUEST TO CANCEL THE TIPPS
AGREEMENT MUST BE RECEIVED BY THE TOWN OFFICE

TAX CERTIFICATE - \$20 YES NO TAX INFORMATION ONLY - \$15 YES NO

UTILITY INFORMATION

UTILITIES OUTSTANDING AS OF: _____ **AMOUNT: \$** _____ **PAID TO** _____
(TODAYS DATE) (DATE)

UTILITIES OWING TO: _____ **AMOUNT: \$** _____
(SALE DATE/FINAL BILL)

ON UPPS YES NO PAID TO _____ **NEXT WITHDRAWAL** _____
(DATE) (DATE)

IF PROPERTY IS BEING SOLD: DATE OF SALE _____

PURCHASER _____

MAILING ADDRESS _____

SOLICITOR FOR - PURCHASER: _____ **VENDOR:** _____

DATE: _____ **COMPLETED BY:** _____

THE TOWN CONSIDERS THIS INFORMATION AS YOUR INVOICE.