

Tax Certificate

Requested by:

Name:			
Name of Firm requesting information:			
Billing Address:			
Town/City:		Postal Code:	
Phone:			
Email Address:			

Please provide the following:

Description:	<input type="checkbox"/> Selling <input type="checkbox"/> Purchasing <input type="checkbox"/> Refinance				
Closing date:					
File Number/Name:					
Civic Address:					
Plan:		Block:		Lot:	
Roll #:					

Information Provided:

Taxes:		AutoPayment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Year:		Next Payment Due:	
Paid (Balance o/s):		Payment Amount:	
Tax Certificate Required:	<input type="checkbox"/> Yes		
Utility Balance Outstanding:			
Comments:			

There is a \$50.00 fee per Roll Number for this certificate. Upon receipt of payment or proof of a written cheque, the Town of Viking will email the Tax Certificate and a Receipt.

Town Use Only:

Date Received:		Received by: Fax, Email, Mail	
Method of Payment:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Etransfer <input type="checkbox"/> Cheque		