## **REQUEST FOR TAX INFORMATION**

TOWN OF CLARESHOLM 111-55 AVENUE W. Phone: 403-625-3381 Fax: 403-625-3869

P.O. BOX 1000 CLARESHOLM, AB TOL 0TO

	CLARESH	OLM, AB IUL UIU		
REQUESTED BY:				
OFFICE:				
NAME:				
PHONE: FAX:				
EMAIL ADDRESS: FILE #				
	PROPERT	Y DESCRIPTION	_	
CIVIC ADDRESS				
LEGAL ADDRESS				
TAX ROLL #		<b>IFORMATION</b>		
			DAID	
PROPERTY TAXES FOR 20 PENATIES ON UNPAID TAXES (IF				
OTHER CHARGES APPLIED TO TA	XES			
TOTAL AMOUNT OWING ON TAXE	:S			
CURRENT YEAR TAXES ARE DUE JUN TAXES ARE DUE BY DECEMBER 30TH				
WILL BE APPLIED ON ANY APPLICAB				
ON TIPPS YES NO A			Γ YEAR TAXES: \$	
NOTE: TIPPS PAYMENTS ARE WITHDI				
IN ORDER TO TERMINATE THE MONT OR LETTER OF REQUEST TO CANCEL			•	
TAX CERTIFICATE - \$20 YES	5 NO	TAX INFORMAT	ION ONLY - \$15	YES NO
	UTILITY	INFORMATION		
UTILITIES OUTSTANDING AS OF:				
	(TODAYS DATE)	_ AMOUNT: \$		(DATE)
UTILITIES OWING TO:			AMOUNT: \$	
(	SALE DATE/FINAL BILI	_)		
ON UPPS YES NO PA	ID TO	NE	T WITHDRAWAL	
	(1	DATE)		(DATE)
IF PROPERTY IS BEING SOLD: DA	TE OF SALE			
PL	JRCHASER			
M	AILING ADDRESS			
	HASED.	VEN		
SOLICITOR FOR - PURC				
DATE:		COMPLETED BY:		

THE TOWN CONSIDERS THIS INFORMATION AS YOUR INVOICE.