



REQUEST FOR TAX CERTIFICATE INFORMATION

Applicant Information (Please print)

Firm/Company Name: _____

Mailing Address: _____

Telephone : _____ Fax: _____

Contact Person: _____

Property Owner Information

Please check () if this is a refinance or sale Refinance Sale

Owner (s) Name: _____

Property Address: _____

Closing Date : _____

For Office Use Only (To Be Completed By The Treasury Department)

Date Requested _____

Roll # _____ PID _____ Customer ID _____

Property Taxes \$ _____

Business Taxes \$ _____

Receivables \$ _____

Number of Units _____ Total Unit Charge \$ _____ Levy \$ _____

Total Balance Owing \$ _____ as of _____, 20____

Cost for each Tax Certificate is \$100.00

Please make cheque payable to City of Corner Brook, P.O. Box 1080, Corner Brook, NL A2H 6E1

For questions, please contact the Property Tax Department at 637-1568 or mwalsh@cornerbrook.com