



TAX CERTIFICATE REQUEST FORM

Please complete one request form per roll number

Assessment Roll Number: 2 1 2 4 _ _ _ . _ _ _ . _ _ _ _ . 0 0 0 0
--

Property Address:

Property Legal Description:

Property Owner's Name:	Closing Date:
-------------------------------	----------------------

Person, Company or Law Firm Requesting Certificate:		
Last Name	First Name	
Company Name or Law Firm (if applicable)		
Street Number	Street Name	
City	Province	Postal Code
File Reference Number	Telephone Number	
Fax Number	Email	

Type of Service (check one)	RUSH _____ (\$75 Fee) 24 hour turnaround	REGULAR _____ (\$52 Fee) 3-5 business day turnaround Response via regular mail only
-----------------------------	---	---

Signature _____

Date _____

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of maintaining tax records. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Co-ordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905-584-2272.

For Office Use:
Lawyer ID:
Date Received:
Amount Paid:
Receipt No.:
Mailed: