

**REQUEST FOR TAX CERTIFICATE (GL 44-7-11)**

THE FOLLOWING INFORMATION IS SUBMITTED CONCERNING THE  
PROPERTY IN QUESTION.

1. OWNER AS OF 12-31-22 \_\_\_\_\_
2. PROPERTY LOCATION \_\_\_\_\_
3. ASSESSOR'S PLAT & LOT \_\_\_\_\_
4. REQUESTED BY \_\_\_\_\_  
\_\_\_\_\_
5. WOULD YOU LIKE THE CERTIFICATE MAILED?      YES      NO
6. IF YES, PLEASE COMPLETE THE FOLLOWING:  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TAX OFFICE USE ONLY

TAX COLLECTION CLERK \_\_\_\_\_ DATE \_\_\_\_\_

FEE OF \$25.00 PAID      YES      CASH      CHECK # \_\_\_\_\_

POSTAGE PAID      YES      NO      AMOUNT \$ \_\_\_\_\_

NAME ON CHECK IF DIFFERENT FROM REQUESTOR \_\_\_\_\_