

REQUEST FOR TAX INFORMATION

Please complete the form below. All sections marked with * are required fields.

Request Date*	Search* (\$15) (Verbal Only)	Tax Certificate* (\$35) (Document)
The following information will be disclosed with		, Tax Levy, Balance Owing, Installment Amount (if
any), Current Utility Balance, and Future Utility		
REQUESTOR INFO		
Name of Person Calling OR Firm*	Phone*	Fax
Address (complete mailing address require	d)*	File # (optional)
PROPERTY INFO		
Address (preferred over Legal Description)*	
Closing Date*	Comments	
Preferred method of receiving tax ce	rtificate* (if applical	ble)
Email (please provide):		
Fax		
Mail (provide address if different from	above):	
Payment Method*		
Advance Payment Options:		Post-Search Payment Options:
Cheque copy		Cheque
Credit Card (called in by client)		Credit Card (called in by client)
OptionPay (using Tax Search option,		OptionPay (Accounts Receivable
referencing property)		option)

The information collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to process tax requests for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, TOA 0K0 or by calling (780) 921-3550.