

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

Request Date*	Search* (\$15) (Verbal Only)	Tax Certificate* (\$35)
REQUESTOR INFO		(Document)
Name of Person Calling OR Firm*	Phone*	Fax
Address (complete mailing address required)*		File # (optional)
PROPERTY INFO		
Address (preferred over Legal Descrip	otion)*	
Closing Date* (if applicable)	Comments	
Preferred method of receiving ta Email (please provide):	x certificate* (if applicab	le)
Fax		
Mail (provide address if different f	rom above):	
Payment Method [*] Cheque	Credit Card	
(FOIP). It will be used to process tax request	s for the Town of Bon Accord. If y	Freedom of Information and Protection of Privacy Act ou have any questions about the collection and use of Accord, AB, T0A 0K0 or by calling (780) 921-3550.
OFFICE USE ONLY		
SEARCH / CERTIFICATE RESULTS	D	ate Completed
TR #	Tax Levy	Balance Owing
Installment Amount (if applicable)	Current Utility Balance	Future Utility Estimate (based on closing date)