Town of Three Hills

Tax Certificate Request



Property Information

(must have at least 2 of 3 fields fill	ed out)				
Property Address (required)					
Legal Address (required)					
Roll Number (if available)					
Requested By					
Company					
Address					
Requestors Name		File No			
Phone No		Email			
Closing Date of Sale (required)					
What email account do you want	this request returned to:				
Tax Certificate Fee					
	11				
☐ Tax Certificate - \$20.00 per ro	II				
Payment Information					
The form must be accompai	nied by a copy of a cheque o	or a credit	card numbe	er in order to pro	ocess.
Card No			Expiry		ссу
Signature		Date			
Signature		Date			
section 350 of the Municipal Gover tax information as authorized by	ted under the authority of section 4 rnment Act (MGA). The information the MGA. All personal information ns regarding the collection, use, or	is collected s will be prot	solely for the pu ected and man	urpose of facilitating naged in compliance	the distribution of property e with the provisions of the
Requests can be subn	nitted to taxes@threehills.ca	or at the	Town Office	e at 232 Main St	reet, Three Hills.
Office Use Only					
Date Received	Received By			Date Issued	
Roll No			Payment Amount		