

Tax Search Request

Date _____

Address of Property _____

Owner's Name _____

SBL Number _____

Date Required _____

Mail To _____

Phone Number _____

Fax _____ fax required (y/n) _____

(if faxed copies will not be mailed)

Copies of all Tax Receipts (Y/N) _____ \$3.00

(County/City/School - \$1 each)

Copy of Sewer Bill (Y/N) _____ \$1.00

Copy of Tax Search (Y/N) _____ \$10.00

Total Paid _____

Pick up or mail copies _____

Fax this form if picking up receipts to 695-8315