

SUMMER VILLAGE OF WAIPAROUS

TAX CERTIFICATE REQUEST

Name of Firm

Mailing Address:

Contact Name:

Email Address:

Phone:

Fax:

Legal Description

Lot

Block

Plan

Civic Address:

Current Owner's Name:

Information Requested

Taxes Outstanding \$ 35.00

(Tax Information provided via Tax Certificate Only)

Current Assessment \$ 25.00

Other (please specify)

Email requests to be sent to: admin@waiparous.ca

By submitting this request I agree to submit payment in the amount of \$

with a cheque payable to the Summer Village of Waiparous and mailed to PO Box 806, Cochrane, AB T4C 1B8 or an e-transfer sent to finance@waiparous.ca within 2 days of this request.

I agree.

Name:

Date:

The personal information on this request is collected under the authority of the Alberta Municipal Government Act, the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to communicate with the applicant. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at admin@waiparous.ca or 587-574-0744