

TOWN OF ROCKY MOUNTAIN HOUSE

P.O. BOX 1509 - 5116 50 AVENUE - ROCKY MOUNTAIN HOUSE AB T4T 1B2 PHONE: 403-845-2866 FAX: 403-845-3230 EMAIL: propertytaxes@trmh.ca

TAX CERTIFICATE - LAWYER REQUESTS

DATE:		File Number:			
Email Request Form	To: propert	ytaxes@trmh.ca			
SENDER INFORM	IATION				
Firm Requesting Info	ormation:				
	Plephone: Fax:				
PROPERTY INFO	RMATION				
Roll Number:					
Assessment: Assessment Year:					
Civic Address:					
Legal Description: _					
Meridian:	Range:	Township:	Section:	Part Section:	
Taxes:	Year:				
• Taxes Paid? Yes	No	Pre-authorized T	ax Payment Plan? Y	Ves No	
Monthly Payment:		Amount Owing:			
Utilities: Outstanding Utilities transferred to property taxes:				ty taxes:	
corresponding tax roll and sha	ll form part of the shall be a fee aga	outstanding taxes for the premis inst the Property in respect of w	e. 13.6 In default of the Prope	Owner's name, will be transferred to the erty Owner of payment of the said fees, the and such fee shall be subject to the same	
Comments, New ow	ners, & Poss	session Date:			
– Tax Certificate re	quests are \$25	.00 as per current Town	of Rocky Mountain H	ouse Rates & Fees Bylaw(s).	

Completed By: _

Town of Rocky Mountain House

FOIP Notification: The personal information that you provide to the Town of Rocky Mountain House on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes relating to the administration of assessment/ taxation services. Any questions about the collection, disclosure or use of this information can be directed to the Town of Rocky Mountain House FOIP Coordinator at 403-845-2866.