



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: propertytaxes@trmh.ca

SENDER INFORMATION

Firm Requesting Information: _____

Contact Name: _____

Email Address: _____

Telephone: _____ Fax: _____

PROPERTY INFORMATION

Roll Number: _____

Assessment: _____ Assessment Year: _____

Civic Address: _____

Legal Description: _____

Meridian: _____ Range: _____ Township: _____ Section: _____ Part Section: _____

Taxes: _____ Year: _____

- Taxes Paid? Yes No Pre-authorized Tax Payment Plan? Yes No
- Monthly Payment: _____ Amount Owing: _____

Utilities: _____ Outstanding Utilities transferred to property taxes: _____

Water, Sewer & Storm Water Bylaw 2022/03 13.5 Balances outstanding after three months, that are under the Owner's name, will be transferred to the corresponding tax roll and shall form part of the outstanding taxes for the premise. 13.6 In default of the Property Owner of payment of the said fees, the amount of such sums in default shall be a fee against the Property in respect of which the service was provided and such fee shall be subject to the same penalties and collectible by the same manner as other taxes levied by the Town.

Comments, New owners, & Possession Date:

Tax Certificate requests are \$35.00 as per current Town of Rocky Mountain House 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.