



Statement of Account Request Form

****48hr Response Time****

Acting on behalf of: Vendor Sale of Property

 Purchaser Mortgage/Financing

Closing Date: _____

Required Information*

Requested by:	_____	_____
	Organization	Contact Person
	_____	_____
	Clients First Name	Last Name
_____	Phone No.	

Property Address:	_____	_____
	House Number	Street Name
Legal Description:	_____	_____
	Lot	Plan
Property Tax Roll No.:	4364 - - - - 0000	
Current Owner(s):	_____	

Contact Info for Vendor:	_____
Forwarding address	_____

SEND

Please note information provided by the Town is not legal and binding.

Mail Tax Certificate Requests to:

30 Lewis St. Wasaga Beach, ON L9Z 1A1