



TAX CERTIFICATE / BILL REPRINT or STATEMENT REQUEST

Address: Box 230, Suite 170, 15 Commerce Crt., Elmsdale, NS, B2S 3K5
Phone: (902) 883-2299 Fax: 1-888-684-5912 Toll Free: 1-866-758-2299 www.easthants.ca

Date	AAN # _____	SAP # _____
PROPERTY OWNER:		
LOT # & LEGAL DESCRIPTION:		
CIVIC ADDRESS:		
REQUESTED BY: (Name of Firm or individual)		
RELATIONSHIP TO OWNER:		
FAX NUMBER	PHONE NUMBER	
SUBMITTED BY: (Print) _____		
SIGNATURE _____ (required - this confirms that I represent the owners or purchaser of the above noted property)		
<input type="checkbox"/> TAX CERTIFICATE** (\$60 - Certificate will be generated once payment has been received) <input type="checkbox"/> CALL WITH VERBAL INFORMATION <input type="checkbox"/> FAX CERTIFICATE & MAIL ORIGINAL WITH RECEIPT		
<input type="checkbox"/> REPRINT OF PROPERTY TAX INVOICE (\$10 FEE FOR EACH REPRINT) <input type="checkbox"/> CURRENT YEAR FINAL BILL <input type="checkbox"/> CURRENT YEAR INTERIM BILL <input type="checkbox"/> PRIOR YEARS - SEE NOTES _____		
<input type="checkbox"/> ACCOUNT STATEMENT (\$10 FEE) <input type="checkbox"/> START DATE (example April 1, 2008) _____ <input type="checkbox"/> END DATE (example TODAY or March 31, 2009) _____		

A TAX CERTIFICATE IS BINDING BY THE MUNICIPALITY AS PER THE MUNICIPAL GOVERNMENT ACT OF THE PROVINCE OF NOVA SCOTIA SECTION 1998,C.18,S 132

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