



TAX CERTIFICATE / BILL REPRINT or STATEMENT REQUEST

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

Date _____	AAN # _____	SAP # _____
PROPERTY OWNER:		
LOT # & LEGAL DESCRIPTION:		
CIVIC ADDRESS:		
REQUESTED BY: (Name of Firm or individual)	RELATIONSHIP TO OWNER:	
E-MAIL ADDRESS:		
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 <input type="checkbox"/> E-MAIL <input type="checkbox"/> ORIGINAL COPY MAILED		
<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, 2022) _____ <input type="checkbox"/> END DATE (example TODAY or March 31, 2023) _____		

*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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