

SUMMER VILLAGE OF GHOST LAKE

TAX CERTIFICATE REQUEST

Name of Firm

Mailing Address:

Contact Name:

Email Address:

Phone:

Legal Description

Lot	Block	Plan
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Civic Address:

Current Owner's Name:

Information Requested

Taxes Outstanding	\$ 35.00	(Tax Information provided via Tax Certificate Only)
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Current Assessment	\$ 25.00
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Other (please specify)

Email requests to finance@ghostlake.ca

By submitting this request, I agree to submit payment in the amount of \$

with a cheque payable to the Summer Village of Ghost Lake and mailed to PO Box 1806, Cochrane AB T4C 1B6 within 2 days of this request.

I agree.

Name:

Date:

The personal information on this request is collected under the authority of the Alberta Municipal Government Act, the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to communicate with the applicant. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at admin@ghostlake.ca or 825-735-7224