



**Town of Flatrock**

663 Windgap Road  
Flatrock NL  
A1K 1C7

**Tax Information Request Form**

Verbal Information will not be given.

The following tax information is not certified.

**To be completed by Firm/Agency Requesting Information:**

Name of Firm: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Person Requesting Information: \_\_\_\_\_

Name of Present Owner: \_\_\_\_\_

Purchasers Name (where applicable): \_\_\_\_\_

Purchasers Mailing Address: **Required** \_\_\_\_\_

Mailing Address of Property: \_\_\_\_\_

Roll #: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Purpose of Tax Information Request: Purchase  Sale  Finance/Mortgage

Date of Transfer of Interest: \_\_\_\_\_

Is the property to be subdivided? Yes  No

**To be completed by Town of Flatrock:**

**Rate Information (valid for 30 days)**

Property Tax/year: \_\_\_\_\_ Business Tax/year: \_\_\_\_\_ Other: \_\_\_\_\_

**Outstanding Taxes to December 31, 2020**

Property Tax: \_\_\_\_\_ Business Tax: \_\_\_\_\_ Other: \_\_\_\_\_

Information given by: \_\_\_\_\_ Date: \_\_\_\_\_

*When Requesting a Tax Certificate, please include a copy of the Deed, Survey, Purchasers name, & Mailing Address.*

*Cost of Tax Certificates - \$100.00 / Cost of Compliance Letter \$100.00*

**Vender Waiver – Release of Private Information – Completion Mandatory.**

I \_\_\_\_\_, the registered/legal owner of the above mentioned property hereby give permission to release the requested tax information to the above noted legal office.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_