

Tax Certificate Application

UNDER SECTION 352(1) OF THE MUNICIPAL ACT S.O. 2001 C. 25

DATE	FILE #
------	--------

PARTICULARS OF PROPERTY

NAME OF CURRENT OWNER(S)	ROLL IDENTIFIER NUMBER
SERVICE ADDRESS	
LOT	
PLAN	

PERSON MAKING APPLICATION

NAME	MAILING ADDRESS	
CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER

ABOUT THIS APPLICATION:

REASON FOR THIS REQUEST:	SALE	REMORTGAGE	PURCHASE	OTHER: _____
NAME OF PERSON REPRESENTED _____				
WHO IS PROSPECTIVE	VENDOR	PURCHASER	MORTGAGOR	OTHER: _____
HAS THIS PROPERTY BEEN CREATED FROM A RECENT SEVERANCE OR PLAN OF SUBDIVISION				YES NO
IS THIS PROPERTY IN THE PROCESS OF BEING SEVERED			YES	NO

IF SALE IS IN PROCESS, GIVE NAME OF PROSPECTIVE PURCHASER AND DATE OF CLOSING

NAME OF PURCHASER(S) (If company, please include contact name, position & phone number)	DATE OF CLOSING
---	-----------------

APPLICANT'S REMARKS:

Information about the completion of this form may be requested from Certificate Clerk at (807) 625-2255.

Please verify from your records that this certificate is for the property that you have requested, as no responsibility is accepted for a certificate other than for the property for which this certificate has been issued.