



REQUEST FOR TAX CERTIFICATE – FEE \$50.00 PER ROLL NUMBER

Date: _____

Requested by (lawyer office): _____

Contact person: _____

Phone #: _____

File #: _____

Acting on behalf of (Vendor or Purchaser): _____

Roll #: _____

Registered Owner(s): _____

Municipal Address: _____

Legal Address (Lot #, Plan #, Concession): _____

Closing Date: _____

New Owner(s) (Full legal name(s)): _____

New owners mailing address (after closing): _____

Return completed tax certificate with a cheque payable to Lambton Shores:

Email request to: lsbanking@lambtonshores.ca along with a copy of your cheque

Fax request to: 519-238-8577 along with a copy of your cheque.

Mail request to: Lambton Shores, 4 Ontario St. N., PO Box 340, Grand Bend, ON N0M 1T0

Treasury Use Only:

Current Years Taxes: _____ Prior Years Taxes: _____ PAP _____ PD Chqs _____

Utility Account #: _____ Balance _____ PAP _____ PD Chqs _____