Tax/Fee Certification



PAYMENT MUST ACCOMPANY REQUEST

| | | | Credit card payment accepted | | | | |
|--------------------------------------|---------------------------|------------------|--|--------------------|------------------|--------------------------------|---------|
| Request Date: | | | Clo | sing Date: | | | |
| | mm dd | уууу | | | mm | dd | уууу |
| | | | Taxing Jurisdiction(s) | | | | |
| | S | chool Distri | et M | Municipality | | | |
| Certification | n provided <u>only</u> fo | r those jurisdic | tions where Keystone is the real estate tax or u | tilities collec | ctor (curre | nt and/or deli | nquent) |
| | | | PROPERTY INFORMATION | | | | |
| Name of Current Owner Name of Buyer | | | Parcel ID # | | Property Address | | |
| | | | Order or File # (when applicable) | City • State • Zip | | | |
| | | | Requester Information | | | | |
| Name | e of Requester | | | | | | |
| | | | email | K | | heck payabl Collections | |
| Cor | mpany Name | | | | | | |
| | | | fax | | Amo | unt Enclos | ed |
| Str | eet Address | | | | | | |
| | | | phone | | C | check No. | |
| City | • State • Zip | | AYMENT MUST ACCOMPANY REQUES | г | | fer by jurisd your cost scl | |
| | | 1 | ATHERT MOST ACCOMMANT REQUES. | I. | | | |

Make check payable to:

Keystone Collections Group

To request a schedule or to confirm cost, call (724) 978-0300