



TAX CERTIFICATE REQUEST FORM - PROPERTY TAX ACCOUNTS

Law Firm: _____

Date of Request: _____

Mailing Address: _____

Phone # _____ Fax# _____ Email _____

Your Reference/File #: _____

Property Information

Tax Roll No: _____

Name of Vendor Purchaser: _____

Closing Date: _____

Municipal Address: _____

Legal Description: _____

FEE CHARGED: \$45.00

Requests can be mailed, emailed, or faxed to the City of St. Thomas. Payment can be made by cheque or credit card by phone.

Fax number – 519-633-9019

Email – propertytax@stthomas.ca

Mail to - City of St Thomas-Treasury
PO Box 520
545 Talbot St
St Thomas, ON N5P 3V7