

REAL ESTATE TAX CERTIFICATION REQUEST FORM

INSTRUCTIONS:

Mail or FAX Completed Requests To:

Mailing Address: College Township Tax Office – 1481 East College Avenue – State College PA 16801

FAX: 814-231-8414

Billing Information. There's a \$30.00 charge for a verification report. You must provide your account number. If you do not have one or do not know it, please contact our office at **814-231-3021** and a staff member will be able to help you.

Other Information. Attach additional schedules if necessary. Please show your name on each additional sheet.

REQUIRED INFORMATION:

Billing Information:

Name: _____

Account Number (required): _____

Individual Making This Request:

Name: _____

Phone Number: _____

Parcels Requested: _____

FAX Number: _____

Tax Parcel Requiring Certification (*copy page 2 as needed for additional parcels requiring certification*):

Present Owner: _____

Property Address: _____

Tax Parcel Number: _____

Tax Types / Years Requested (check all that apply):

Municipal (Township of College)

List tax years requested: _____

School District (State College Area School District)

List tax years requested: _____

Individual Requesting Information:

Parcel Information:

Present Owner: _____

Property Address: _____

Tax Parcel Number: _____

Tax Types / Years Requested (check all that apply):

___ Municipal (Township of College)
List tax years requested: _____

___ School District (State College Area School District)
List tax years requested: _____

Parcel Information:

Present Owner: _____

Property Address: _____

Tax Parcel Number: _____

Tax Types / Years Requested (check all that apply):

___ Municipal (Township of College)
List tax years requested: _____

___ School District (State College Area School District)
List tax years requested: _____