



PLEASE PRINT

FIN - 1001

Department of Finance & Administration

**REQUEST FOR TAX CERTIFICATE INFORMATION**

Contact Information

**SECTION 1**

Date of Request (yyyy/mm/dd) \_\_\_\_\_

Firm Name \_\_\_\_\_

Requester Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Property Information

**SECTION 2**

Civic Address or Lot # \_\_\_\_\_

Account # \_\_\_\_\_

Property Owner \_\_\_\_\_

Is this property to be subdivided? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose of Tax Information  Sale  Mortgage  Other

Purchaser Name(s) \_\_\_\_\_

Purchaser's Mailing Address \_\_\_\_\_

(Mandatory for vacant land) \_\_\_\_\_

Please indicate closing date of sale \_\_\_\_\_



Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of processing the above application. Questions about the collection and use of the information may be directed to Finance & Administration, Revenue Accounting Division, (709)576-8251.

Please send  
completed form to:

Revenue Accounting Division  
1<sup>st</sup> Floor City Hall  
PO Box 908, 10 New Gower Street  
St. John's, NL A1C 5M2

For further information:  
E-mail: [taxation@stjohns.ca](mailto:taxation@stjohns.ca)  
Call: 709-576-8251  
Fax: 709-576-8162