

## OFFICE OF THE LIEUTENANT GOVERNOR DIVISION OF THE TAX COLLECTOR

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## **DOCUMENT REQUEST**

	DOCOMENT KI	LGOLJI		
12-CHARACTER	PARCEL ID#.:		DATE:	
PROPERTY ADD	RESS DESCRIPTION:			
REGISTERED IN	THE NAME OF:			
LETTER REQUES	TED BY: EMAIL:			
TELEPHONE NO.:	DESIRED (	DESIRED OFFICE OF PICKUP: STT STX STJ		
MAILING ADDRES	SS:	·	VIA MAIL	
Quantity	Description	Unit Price	Total	
	Tax Bill Reprint	\$2.00		
	Paid Receipt Reprint	\$4.00		
	Tax Status Report (3-5 Business Days)	\$15.00		
	Tax Clearance Certificate (3-5 Business Days)	\$25.00		
	Certificate Expedite Fee (2 Business Days)	\$ 100.00		
	PLEASE DO NOT WRITE BELOW	THIS LINE	Total \$	
CASHIER NAME:		RECEIPT #:		
PAYMENT STAM	P:			
RESEARCHED BY:		RESEARCH	DATE:	