



# Tax Certificate Application

UNDER SECTION 352(1) OF THE MUNICIPAL ACT S.O. 2001 C. 25

**Gillies Township**  
1092 Highway 595  
Kakabeka Falls, ON, P0T 1W0

Phone: (807) 475-3185  
Fax: (807) 473-0767

DATE

FILE #

## PARTICULARS OF PROPERTY

NAME OF CURRENT OWNER(S)	ROLL IDENTIFIER NUMBER
SERVICE ADDRESS	
LOT	
PLAN	

## PERSON MAKING APPLICATION

NAME	MAILING ADDRESS	
CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER

## ABOUT THIS APPLICATION:

REASON FOR THIS REQUEST:	SALE	REMORTGAGE	PURCHASE	OTHER: _____
NAME OF PERSON REPRESENTED _____				
WHO IS PROSPECTIVE	VENDOR	PURCHASER	MORTGAGOR	OTHER: _____
HAS THIS PROPERTY BEEN CREATED FROM A RECENT SEVERANCE OR PLAN OF SUBDIVISION				YES NO
IS THIS PROPERTY IN THE PROCESS OF BEING SEVERED				YES NO

## IF SALE IS IN PROCESS, GIVE NAME OF PROSPECTIVE PURCHASER AND DATE OF CLOSING

NAME OF PURCHASER(S) (If company, please include contact name, position & phone number)	DATE OF CLOSING
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APPLICANT'S REMARKS:

**Information about the completion of this form may be requested from the Treasurer at 475-3185 ext. 3**

**Please email this completed form to [gillies@gilliestownship.com](mailto:gillies@gilliestownship.com).**

*Please verify from your records that this certificate is for the property that you have requested, as no responsibility is accepted for a certificate other than for the property for which this certificate has been issued.*