



TOWN OF BLOWING ROCK REQUEST FOR TAX CERTIFICATION

Please furnish the following information:

Date: _____

Parcel Identification Number: _____

Name of current owner: _____

Name of business: _____

Property Address: _____

Owner of record (names and dates owned) for past 10 years:

Dates owned:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Tax Department Use Only:

STATEMENT OF TAXES AND ASSESSMENTS DUE

Year	Record #	Base Tax Amount	Penalty and Interest to Date	Total Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL DUE: _____

The above amounts are for payments due on or before _____

Additional interest will be assessed on _____

Statement Date: _____

I certify that in accordance with NC General Statute 105-361 the above is a true statement of the tax and assessment status of the individual(s) listed above that are in my hands for collection.

Tax Collector