



Request for Tax Certificate Form

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada T0M 0W0
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

Please complete and submit the form to info@mvcountry.com

- ☐ \$35.00 Tax Certificate – results to be faxed or emailed and original certificate to be mailed. OR
☐ \$30.00 Tax Certificate – original certificate to be mailed only.

CUSTOMER INFORMATION

Date:	Company Name:	Your File Number:
Requested By:	Phone Number:	Fax Number:
Email Address:		
Mailing Address:		
City:	Province:	Postal Code:

PROPERTY INFORMATION

Legal Land Description: (Ex: SE-5-32-1-5)	Part Section:	Section:	Township:	Range:	Meridian:
	Plan:		Block:	Lot:	
Civic Address:					
LINC Number:			Title Number:		
Registered Owner's Name:					

PAYMENT INFORMATION – Please check one option

- ☐ Payment by cheque
☐ On account (for law offices only)
☐ Payment by Credit Card:

****Please complete the Credit Card Authorization Form for each submission. (Credit Card Information is not retained). ****

Personal information on this form is collected for the Tax Department of Mountain View County and will be used to process your request. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act under the authority of section 33(c). Any inquiries relative to the collection or use of this information may be directed to: Mountain View County FOIP Coordinator (403) 335-3311.

FOR OFFICE USE ONLY

Tax Roll Number:	TIPPS:	YES	NO	Tax Sale:	YES	NO
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**Visa - MasterCard
Payment Authorization**

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Name of Cardholder: _____

Transaction Date: _____

Payment Amount: \$ _____

Payment Method: Visa ☐ MasterCard ☐

Phone Number: _____

*Payment Reference: _____

i.e.: Planning; County Map; A/R Account; etc.

*We do not accept credit card payments for Tax or Municipal Reserve Payments. There is a \$5000 maximum for credit card payments. Mountain View County shall not be responsible for the security of any information during delivery by mail or email, and the cardholder agrees as a condition of paying by credit card that it hereby releases and holds harmless the County from any and all claims arising therefrom.

The personal information on this form is being collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) for the authorization of a credit card payment. Any inquiries relative to the collection or use of this information may be directed towards to:

Mountain View County FOIP Coordinator
403-335-3311
10, 1408 – Twp Rd 320
Postal Bag 100
Didsbury AB TOM 0W0

Signature of Cardholder: _____

The credit card information provided on this portion of the form will not be retained. Once the transaction authorized by this form has been approved, credit card information will be destroyed.

Credit Card Number: _____

CSV: _____

Expiry Date (mm/yr): _____