



TOWN OF ELON TAX DEPARTMENT  
 TAX CERTIFICATION FORM  
 Fax: 336-584-5334

Requested by \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please furnish the following information:

Name of current owner: \_\_\_\_\_

Taxes  Street Assessments  Water Assessments  Sewer Assessments

Location of property

If corner lot please indicate and give name of streets on both sides.

Street \_\_\_\_\_ Between \_\_\_\_\_ & \_\_\_\_\_

Tax Pin# \_\_\_\_\_

Property owners for past ten (10) years: Please show years. Indicate each owner whether listed for taxes of not, when and how long property owned by each owner.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

FOR TAX DEPARTMENT USE ONLY

STATEMENT OF TAXES & ASSESSMENTS DUE

Year	Listed By	Rec. No.	Face Amt.	Penalty	Int. to Date	Total

The above amounts are for payments on or before \_\_\_\_\_ Additional interest will be added \_\_\_\_\_

STREET ASSESSMENTS

Account Number \_\_\_\_\_  
 Total Balance \$ \_\_\_\_\_ Now Due \$ \_\_\_\_\_ Plus interest from \_\_\_\_\_

WATER ASSESSMENTS

Account Number \_\_\_\_\_  
 Total Balance \$ \_\_\_\_\_ Now Due \$ \_\_\_\_\_ Plus interest from \_\_\_\_\_

SEWER ASSESSMENTS

Account Number \_\_\_\_\_  
 Total Balance \$ \_\_\_\_\_ Now Due \$ \_\_\_\_\_ Plus interest from \_\_\_\_\_

Signed \_\_\_\_\_