

**SUMMER VILLAGE OF GHOST LAKE**

**TAX CERTIFICATE REQUEST**

**Name of Firm**

**Mailing Address:**

**Contact Name:**

**Email Address:**

**Phone:**

**Fax:**

**Legal Description**

<b>Lot</b>	<b>Block</b>	<b>Plan</b>
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**Civic Address:**

**Current Owner's Name:**

**Information Requested**

**Taxes Outstanding    \$ 15.00                    ( Tax Information provided via Tax Certificate Only)**

**Current Assessment    \$ 15.00**

**Other (please specify)**

Email requests to [admin@ghostlake.ca](mailto:admin@ghostlake.ca)

**By submitting this request I agree to submit payment in the amount of \$**

**with a cheque payable to the Summer Village of Ghost Lake and mailed to Box 19554 RPO South Cranston, Calgary AB T3M 0V4 within 2 days of this request.**

**I agree.**

**Name:**

**Date:**

The personal information on this request is collected under the authority of the Alberta Municipal Government Act, the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to communicate with the applicant. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at [admin@ghostlake.ca](mailto:admin@ghostlake.ca) or 403-554-5515