TOWN OF ELON TAX DEPARTMENT
TAX CERTIFICATION

Fax: 336-584-5334

Please furnish the following information: Date _____

Name of current owner _____

Taxes ☐ Street Assessments ☐ Water Assessments ☐ Sewer Assessments ☐

Location of property: Street _____ Between _____ & _____
If corner lot please indicate and give name of streets on both sides.
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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FOR TAX DEPARTMENT USE ONLY:

STATEMENT OF TAXES & ASSESSMENTS DUE

YEAR	LISTED BY	REC. NO.	FACE AMT.	PENALTY	INT. TO DATE	TOTAL

TOTAL DUE $ _____

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

Account Number _____ **STREET ASSESSMENTS**
Total Balance $ _____ Now Due $ _____ Plus interest from _____

Account Number _____ **WATER ASSESSMENTS**
Total Balance $ _____ Now Due $ _____ Plus interest from _____

Account Number _____ **SEWER ASSESSMENTS**
Total Balance $ _____ Now Due $ _____ Plus interest from _____

Signed _____