Office of the Tax Administrator PO Box 2200 Lenoir, NC 28645 Phone (828) 757-1340

Fax: (828) 757-1315

Email: tax@cadwellcountync.org



CALDWELL COUNTY TAX COLLECTOR DELINQUENT TAX CERTIFICATION

All <u>PARCEL</u> and <u>OWNERSHIP</u> information must be completed by the requesting party. <u>INCOMPLETE</u> Certification Forms will not be accepted. A separate form must be filled out for each individual parcel. <u>All Requests will be provided by the end of the next business day.</u>

Date:			
Current Owner(s):			
Parcel Number:	Description:	(a	cres/lots)
Deed Reference:			
Property Address:			
Is this Parcel inside Municipal limits: YE	S NO Which Municipality: _		
Completed by Tax Office			
TOTAL DELI	NQUENT:		_
Total Delinquent is valid if paid by	Additional inte	erest will be added	
I hereby certify, in accordance with NCG provided above, that this is a true stateme hands for collection.	GS 105-361 and NCGS 161-31 ent of the delinquent tax status	and based on the information of the property listed that is i	ı n my
Caldwell Coun	ty-Reviewed by	Date	

SEE ATTACHED STATEMENT