



TAX CERTIFICATION REQUEST

Date _____

Parcel ID _____

Physical Address _____

Grantor Name _____

NOTE: Tax Certification will be faxed or emailed to requestor and must be submitted to the Register of Deeds Office to be recorded as last page of deed.

Requestor Name/Firm: _____

Contact Information:

Phone Number _____

Fax Number _____

Email Address _____

Please submit this request either by fax to 828-652-8401 or email to:
taxcertifications@mcdowellgov.com