CITY OF TAYLOR 400 PORTER STREET TAYLOR, TX 76574

Request Receipt Date:

REQUEST FOR ISSUANCE OF TAX CLEARANCE CERTIFICATE

Internal Tracking Number:
(Requestor must complete)

1. Property Name		
2. Property Owner(s) Name(s)		
3. Property Address (No. and Street, City, ZIP)		
4. Prospective Purchaser(s) Name(s) 5. Address of Purchaser(s) (No. and Street, City, ZIP)		
6. Purchaser(s) Area Code and Phone No.		
7. Are You Continuing Transient Lodging Business Activity? Yes No		
8. I declare under penalty of perjury that I am the prospective owner of the property on which tax clearance is requested, and that the information is true.	Signature	Date
	Printed Name	

Local Government Section 1:

An examination of records reveals additional Tax liability:

__Amount due and payable:$

An examination of records permits Certificate issuance:

__Records show the subject property to have no current Transient Occupancy Tax liability due and owing for the period Beginning and ending

This document applies to Tax due and payable through

Local Government Authorized Signature Date

Original Copy – Remit to Local Government *Copy - Requestor*