

Tax Search Request

Date _____

Address of Property _____

Owner's Name _____

SBL Number _____

Date Required _____

Pick up, Mail, or Fax copies _____

Please include SASE for mailed copies

Mail to: _____

Name _____ Phone _____

Fax# _____ Fax Required (Y/N)
(if faxed, copies will not be mailed)

Tax search included copies of most recent tax receipts, unpaid tax bills and fees, and sewer billing information.

Total Paid \$25.00

Payable to: City Treasurer, 200 Niagara Street, Tonawanda, NY 14150
Fax: 716-695-8315