

TAX BILL INQUIRY

DATE _____

MAP/PARCEL _____ **LOCATION** _____

NAME/ADDRESS ON TAX BILL:

Email: _____

NATURE OF PROBLEM: (circle all that apply)

WRONG ADDRESS

WRONG OWNER

VETERAN CREDIT

VALUE PROBLEM

OTHER (explain): _____

Briefly explain the problem and any pertinent details. Attach a copy of the tax bill and any other supporting documentation.
