

HARRIS TOWNSHIP

224 East Main Street
P.O. Box 20
Boalsburg, PA 16827

Telephone: 814.466.6228
Fax: 814.466.3396

*An Important Notice from the
Harris Township Tax Office*

CURRENT FEE PER PARCEL: \$10

Beginning January 3, 2010, all parcel certification requests will require a fee of \$10.00 per parcel, pre-paid. Please note this in your request procedures.

Requests must be mailed and accompanied by a check, payable to Harris Township, for the full amount. All requests should be sent to the Tax Office at:

Harris Township
Attn: RE
224 East Main Street
P.O. Box 20
Boalsburg, PA 16827

Requests received in the mail will be processed and sent via fax, if requested and a number is provided, by 12:00 p.m. of the day the request is received. Please include a self-addressed and stamped envelope with the request if no fax number is provided; the information is processed and sent in the mail on the day the request is received. Special requests will be handled on a case-by-case basis.

Please call the Harris Township Tax Office at 814-466-6228 if you have questions.

Harris Township
224 East Main Street, P. O. Box 20
Boalsburg, PA 16827
T 814.466.622 F 814-466-3396
www.harristownship.org

INSTRUCTIONS:

Mail or FAX Completed Requests To:

Mailing Address: Harris Township Tax Office P. O. Box 20 Boalsburg, PA 16827

Fax: 814-466-3396

FEE FOR There is a \$10.00 charge for each tax parcel number certified.

Other Information. Attach additional schedules if necessary. Please show your name on each additional sheet.

REQUIRED INFORMATION:

Billing Information:

Requests must be accompanied by a check, payable to *Harris Township Tax Office*, for the full amount. Please included a copy of the check with faxed requests. Checks should be mailed along with the request to the Township address listed above.

Individual Making This Request:

Name: _____
Phone Number: _____
Parcels Requested: _____
FAX Number: _____

Tax Parcel Requiring Certification (*copy page 2 as needed for additional parcels requiring certification*):

Present Owner: _____

Property Address: _____

Tax Parcel Number: _____

Tax Types / Years Requested (check all that apply):
___ Municipal (Township of College)
 List tax years requested: _____
___ School District (State College Area School District)
 List tax years requested: _____

TAX PARCEL REQUIRING CERTIFICATION

<p>Individual Requesting Information:</p> <hr/>

Parcel Information:

Present Owner: _____

Property Address: _____

Tax Parcel Number: _____

Tax Types / Years Requested (check all that apply):

Municipal (Township of College)
List tax years requested: _____

School District (State College Area School District)
List tax years requested: _____

Parcel Information:

Present Owner: _____

Property Address: _____

Tax Parcel Number: _____

Tax Types / Years Requested (check all that apply):

Municipal (Township of College)
List tax years requested: _____

School District (State College Area School District)
List tax years requested: _____