TOWNSHIP OF FLORENCE
OFFICE OF THE PLANNING AND ZONING BOARDS

TAX COLLECTOR'S CERTIFICATION

Applicant's Name, Address and Telephone Number: _____

_____

_____

Block/s:_____ Lot/s:_____

Street Address:_____

Property Owner's Name, Address and Telephone Number ***IF DIFFERENT FROM APPLICANT:***

_____

_____

_____

I HEREBY CERTIFY THAT:

( ) There is due to the Township of Florence, on the above property, the following amounts:

Taxes: $_____

Assessments: $_____

Water and/or Sewer Charges: $_____

TOTAL: $_____

( ) ALL Taxes, Assessments and Water and/or Sewer Charges on the above property are paid in full.

_____
Christine M. Swiderski, Tax Collector
Date:_____

PLEASE NOTE: ***This document must be completed by the Tax Office BEFORE it is submitted with the application package.***