



**FORM T**

**TAX INFORMATION**

Applicant is to complete Items 1 to 6  
This form must be signed by Tax Collector

(Please Print)

\_\_\_\_\_  
(1)Address of Property

\_\_\_\_\_  
(2)Assessors' Map & Lot #

\_\_\_\_\_  
(3)Name of Applicant

\_\_\_\_\_  
(4)Address of Applicant

\_\_\_\_\_  
(5)Name of Property Owner (if same as Applicant write same)

\_\_\_\_\_  
(6)Address of Property Owner (if same as Applicant write same)

I certify that the Applicant listed above has No outstanding tax due the Town of Berkley for **ANY** property owned, **OR** jointly owned by the Applicant.

I also certify that the Owner of the property listed above has No outstanding tax due the Town of Berkley for **ANY** property owned, **OR** jointly owned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Collector, Town of Berkley

**FOR DEPARTMENTAL USE ONLY**

\*\*\*\*\*

Date Received \_\_\_\_\_

\_\_\_\_\_  
Clerk