



**HALFMOON TOWNSHIP REAL ESTATE OFFICE**  
1948 HALFMOON VALLEY · PORT MATILDA, PA 16870  
(814) 692-9800 ext. 103

**TAX CERTIFICATION REQUEST FORM**

Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please mail the certification in enclosed self-addressed, stamped envelope. Yes  No

**Property Information**

Assessed Name: \_\_\_\_\_

Assessed Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

\*A self-addressed, stamped envelope is required if mailing is requested. Requests that omit these items will not be processed.