**MONTGOMERY COUNTY HEALTH DEPARTMENT PROPERTY TAX CLEARANCE FORMS**

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| Name of Individual or Company: | | | **Montgomery County Property Tax Clearance Schedule** |
| If Transfer, Give Name of Business: | | | For: Person Business Corporation  *Montgomery County Public Health Dept. Use Only*  *1580 Constitution Row, Suite G*  *Crawfordsville, IN 47933* |
| Mailing Address: | | |
| City | State | Zip Code |
| Doing Business As (DBA): | | |
| Permit Location (street address): | | |
| City | State | Zip Code |

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| I, Treasurer of Montgomery County, hereby certify that the person or company named above has paid all property taxes in  20 (for 20\_\_\_\_ assessment) and property taxes for all prior years, or is exempt from property tax by reason of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of County Treasurer | Date (month, day, year) |

***Treasurer Seal***

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