THE CITY OF YORK, PENNSYLVANIA

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www.yorkcity.org

OFFICE OF THE CITY TREASURER
KARIN J. KREBS

TAX CERTIFICATION REQUEST FORM

FROM:

Company_____

Street Address_____

City_____**State**_____**Zip**_____

Phone_____**Fax**_____

Email address_____

☐ **Please mail the certification in enclosed self-addressed, stamped envelope.**

☐ **Please fax the certification to fax number.**

☐ **Please email the tax certification.**

PROPERTY INFORMATION:

Property Name: _____

Property Address: _____

Parcel #:_____

$20.00 fee payable to "Treasurer, City of York"