

Ph: (810)635-4464

City of Swartz Creek

(An Equal Opportunity Employer)

Request for Information Form

Fax: (810)635-2887

Property Address: _____ OR Parcel ID: _____

REQUESTOR:

Name: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

(Return of Information can be expected within two (2) business days)

Signature of Requestor: _____

FOR DELINQUENT REAL TAX INFORMATION: CONTACT GENESEE COUNTY AT: (810) 257-3054

TAXES: (Current Year Only)

Winter Amount: \$ _____ Year _____ Summer Amount: \$ _____ Year: _____

Includes Any Amounts Listed Below Paid Date _____

Includes Any Amounts Listed Below Paid Date _____

Penalty: \$ _____

Penalty: \$ _____

Specials: \$ _____

Specials: Del Water \$ _____

Del Sewer \$ _____

Del Weeds \$ _____

Del Sidewalks \$ _____

SAD \$ _____

Delinquent Tax: \$ _____ If Paid By: ___/___/___

(Personal and Qualified Real Only)

Other Outstanding Invoices:

Mowing: \$ _____

Sidewalks: \$ _____

Other: \$ _____

Description: _____

Utility Billing:

Current Amount Owing: \$ _____ Next Regular Billing: _____

Covers the following time period: ___/___/___ to ___/___/___

Final Processed: Date: ___/___/___ Total Due: \$ _____

Covers the following time period: ___/___/___ to ___/___/___

OFFICE USE ONLY

Form Completed By: _____ Email Fax Mail In Person

Returned On: _____ By: _____