


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

Name of Individual or Company:			<p align="center"><b>Montgomery County Property Tax Clearance Schedule</b></p> <p>For: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Corporation</p>  <p align="center"><i>Montgomery County Public Health Dept. Use Only 1580 Constitution Row, Suite G Crawfordsville, IN 47933</i></p>
If Transfer, Give Name of Business:			
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:** \_\_\_\_\_

