

Town of Burrillville Housing Rehabilitation Loan Program
Request for Verification of Land Property Taxes

The Applicant(s) below has applied for a residential rehabilitation loan through the Town of Burrillville Housing Rehabilitation Loan Program. The Applicant(s) has signed below authorizing the release of any and all information, verification and documentation requested by the Town. Please complete this form as soon as possible and return it in the enclosed envelope.

Date: _____

Applicant(s): _____ Address: _____

Social Security Number(s): _____

Send To: Town of Burrillville Planning Department
144 Harrisville Main Street
Harrisville, RI 02830

Authorization:
I/We authorize the Town to release the information requested regarding my/our municipal taxes.

Signature: _____ Signature: _____

To be completed by the Town Tax Collector's Office:

Property Address: _____
Evaluation: _____
Annual Taxes: _____

Are payments current? _____ Yes _____ No

If not, how far in arrears? _____ Quarter(s) _____ Amount _____ Year(s)

Date: _____ Signature: _____
Name (Print): _____
Title: _____

Telephone Revivification (if necessary)

Date: _____ Are payments Current? Yes _____ No _____

If not, how far in arrears? _____ Quarter(s) _____ Amount _____ Year(s)

Person spoken to: _____
Revivification done by: _____

Town of Burrillville Planning Department
144 Harrisville Main Street
Harrisville, RI 02830
(401) 568-4300 ext. 130, 131