

REQUEST FOR CERTIFICATION UNDER 44-7-11 OF THE
GENERAL LAWS OF RHODE ISLAND 1956

Today's Date: _____

Name of Taxpayer: _____

Property Address: _____

Block Plat: _____ Card Lot: _____

Account Number: _____

CIRCLE ONE: SALE OR REFINANCE

Requested By:

_____ Please Mail

_____ Will Pick Up