



CITY OF ALPHARETTA
REQUEST FOR TAX AND UTILITY INFORMATION
Finance Department

******Requests will be processed within 24 hours******

Fax: (678) 297-6061
 Phone: (678) 297-6060 (option 0)
 Email: taxes@alpharetta.ga.us

From: _____
 Fax #: _____
 Telephone #: _____
 Date: _____

Current Owner's Name: _____

New Owner's Name: _____

Closing Date: _____

Parcel #: _____
 (i.e., 00-0000-0000-000-0)

Legal Description: _____
 (Property Address)

The following to be completed by the City of Alpharetta Finance Department

A.) Account Outstanding for Property Tax Yes [] No []

Tax Year	Amount Due	Date Paid
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Tax Due	\$ _____	

Senior Homestead Exemption [] Not within City Limits []

B.) Water/Sewage/Irrigation FULTON COUNTY WATER DEPARTMENT

C.) Account Outstanding for Sanitation Yes [] NA [] No []
 (Commercial)

If yes, amount due \$ _____

D.) Account Outstanding for Other Yes [] No []
 (False Alarms, Business License, Parks & Recreation, etc.)

If yes, amount due \$ _____

Total Due to the City of Alpharetta \$ _____
 (Total of items A, B, C & D above)

***Date total amount good through** _____

Prepared by: _____ **Date** _____

*** Payments made after the "good through date" may be subject to the addition of penalties and interest.**