



# TOWN OF OCEAN ISLE BEACH

111 Causeway Drive  
OCEAN ISLE BEACH, NC 28469  
TELEPHONE (910) 579-2166 \ FAX (910) 579-8804  
Email: [Wendy@oibgov.com](mailto:Wendy@oibgov.com)

TO: TAX COLLECTOR

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## TAX CERTIFICATION

PARCEL NUMBER \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

CURRENT OWNERS \_\_\_\_\_

NEW OWNERS \_\_\_\_\_

NEW OWNERS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

Was this house constructed prior to 1992? YES / NO \_\_\_\_\_

Sewer connection certified \_\_\_\_\_

**(PLEASE ALLOW UP TO 48 HOURS FOR COMPLETION OF FORM)**

## TAXES AND ASSESSMENTS

(FOR PARCELS LOCATED ON CANALS - THE CANAL ASSESSMENTS ARE INCLUDED IN THE TAX AMOUNT DUE EACH YEAR)

YEAR	AMOUNT	WATER\SEWER BILL	\$ _____
_____	\$ _____	METER DEPOSIT	\$ _____
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		

\*\*If new owner please advise them that they must complete an application for utility service. Also service will be disconnected on closing date if deposit has not been paid. \*\*

TAX AMOUNT TO BE COLLECTED AT CLOSING \$ \_\_\_\_\_

WATER\SEWER\DEPOSIT TO BE COLLECTED \$ \_\_\_\_\_

PLEASE WRITE SEPARATE CHECKS AND MAIL TO: TOWN OF OCEAN ISLE BEACH 111 CAUSEWAY DR. OCEAN ISLE BEACH, NC 28469

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_