



**TOWN OF OCEAN ISLE BEACH**

3 WEST THIRD STREET  
OCEAN ISLE BEACH, NC 28469  
TELEPHONE (910) 579-2166  
FAX (910) 579-8804

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 REQUEST)**

**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. **	
_____	\$ _____		
_____	\$ _____		

**TOTAL AMOUNT TO BE COLLECTED AT CLOSING \$ \_\_\_\_\_**

**MAIL TO: TOWN OF OCEAN ISLE BEACH 3 WEST THIRD ST. OCEAN ISLE BEACH, NC 28469 OR EMAIL TO: [wendy@oibgov.com](mailto:wendy@oibgov.com)**

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