

## Straightforward Thinking.

1425 Spruce Street, Suite 100 Philadelphia, PA 19102-4503 (215) 735-1910 (866) 677-5970

## Request for Payment History

Please complete this form **in its entirety**, and return it to our office. Incomplete forms will be returned to the Requester.

## **Property Information:**

Please identify the OPA# and address of the property for which you are seeking a payment history. If you would like to review the payment history of more than one property, please complete a separate form for each property.  OPA#:	
Property Address:	
Requester Information:	
1.	Name:
2.	Mailing Address:
3.	Telephone Number:
4.	Fax Number (optional):
5.	E-Mail Address (optional):
6.	I would like the payment history provided to me via (circle one):
	First Class Mail E-Mail Fax
	Please make sure the appropriate contact information is included above.
<u>Sub</u>	mission Information:
You may submit your completed form to our office via hand-delivery or First Class Mail at the address identified above. Alternatively, you may submit it via fax at (215) 735-1618, or email at PhiladelphiaTax@grblaw.com.	
Ver	fication:
corr	reby state that I am the owner of the property referenced above, and that the information set forth above is true and ect. I understand that the statements herein are subject to the penalties of 18 Pa.C.S. § 4909 (relating to unsworn fication to authorities).
Date	Signature Signature

Print