

## STATEMENT OF TAXES DUE REQUEST

Please submit this request either by fax to (252) 902-1876 or email to:

**PittTaxCollector@pittcountync.gov**

Date: \_\_\_\_\_

Parcel # \_\_\_\_\_

Physical Address \_\_\_\_\_

Grantor Name(s) \_\_\_\_\_  
\_\_\_\_\_

Requestor Name/Firm: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please allow 2 business days for our office to complete your request.**

