

TAX ESTIMATE REQUEST FORM

To receive a tax estimate for the City of West Fargo properties, please fill in the following information and e-mail it to assessor@westfargond.gov.

| PARCEL NUMBER: | |
|----------------------|---|
| PROPERTY ADDRESS: | - |
| SALE OR REFINANCE: | |
| SALE PRICE OR VALUE: | |
| CLOSING DATE: | |
| DATE OF REQUEST: | |
| | |
| YOUR NAME: | |
| PHONE NUMBER: | |
| EMAIL ADDRESS: | |
| | |