

2888 South 3600 West • P.O. Box 701110 • West Valley City, Utah 84170-1110 • Phone (801) 968-3551 • Fax (801) 968-5467 • www.ghid.org

E-mail to Fax@ghid.gov or Fax Number (801)968-5467

This Title Assessment is only an estimate of the Final Bill.

This Assessment does Not Close the account.

Please fill in all applicable spaces:

Date:		Tax Pa	Tax Parcel Number:				
Subdivision:		Lot Nu	Lot Number:				
Property Address	s:						
			Phone Number:				
Person(s) Buying Property:			Phone Number:				
Buy/Sell:	Refi:	Business:	Commercial:	Duplex:			
Closing Date and	l Time:	Estim	Estimate Final Charges Through Date:				
Your Company N	Name:		Your Name:				
Phone Number:		Fa	Fax Number:				
E-mail:							
			Assessment sent to you.				
Fax I	-		·				
GHID Reply:							
Account Number:		Nan	ne on Account:				
Outstanding Balan	ce:	Bill Date:	Estimate Amount: _				
Account Number:		Nan	ne on Account: Estimate Amount: _				
Outstanding Balan	ce:	Bill Date:	Estimate Amount: _				
	Total A	amount Due to GHID:	·				
		Certified .					
			_Name				
Date Certified	to Salt Lake	County					
Must be paid	to Salt Lake Coun	ty Treasurer: Call (385)468	3-8300 for pay off amount inclu	iding interest and penalty			
Comments:							
Completed By:			Date:				
Completed by			Dateavs after estimate date abo	ve			