

SPECIAL ASSESSMENT SEARCH ORDER

DATE:	COMPANY NAME:	REQUESTED BY:
PROPERTY ADDRESS:		PREVIOUS OWNER:
PID NUMBER:		LEGAL DESCRIPTION:
BUYERS/BORROWERS NAME:		SELLERS NAME:
REQUESTED BY SIGNATURE:		DATE:
RETURN VIA:	<input type="checkbox"/> FAX(PROVIDE NUMBER)	<input type="checkbox"/> E-MAIL(PROVIDE EMAIL ADDRESS)

ASSESSMENT SEARCH IS VALID FOR 10 DAYS

FORM CAN BE FAXED TO 507.364.5371 OR E-MAILED TO CITYOFMONTGOMERY@GMAIL.COM

TO BE COMPLETED BY CITY STAFF:			
FOR LEVIED ASSESSMENT INFORMATION CHECK WITH LE SUEUR COUNTY: 507.357.2251			
DELINQUENT UTILITIES: WATER AND SEWER			
AMOUNT DUE:	DUE DATE:	AMOUNT DUE AFTER DUE DATE:	NOTES:
WATER STATUS:	<input type="checkbox"/> ON	<input type="checkbox"/> OFF (RECONNECT FEE \$25.00 M-F 8 A.M.-3:30 P.M. \$75.00 AFTER 3:30 P.M.)	
THIS BALANCE DOES NOT INCLUDE THE FINAL UTILITY BILL AMOUNT FOR FINAL READ FILL OUT THE WATER SERVICE REQUEST FORM			
MISC. DELINQUENT:			
TYPE OF MISC.:			
AMOUNT DUE:	DUE DATE:	AMOUNT DUE AFTER DUE DATE:	NOTES:
CITY STAFF SIGNATURE:			DATE:

FOR OFFICE USE ONLY			
DATE RETURNED:	RETURNED VIA:	<input type="checkbox"/> FAX	<input type="checkbox"/> E-MAIL
NOTES:			

*PLEASE NOTE THAT ALL OVERPAYMENTS WILL BE RETURNED TO THE ORIGINAL PAYER.

February 10, 2014