ALEXANDRIA	CERTIFIC	ATION OF SPI	ECIAL ASSESS	SMENTS
Parcel No.:	Owner:			
Property Address:				
Legal Description:				
This is to certify that according to the Minnesota, that the above describes which have been levied by the City unpaid:	d tract of land has t	he following improve	ements and/or specia	l assessments for
	Improvement		Amount Certified	_
Type of Improvement	<u>Number</u>	Original Amount	to City	Balance Due
To the best of our knowledge, the fassessments have not been certified Type of In		are any sanitary sew		on charges due.
	By: _		City of Alexandria	
To be (Completed by Comp	any Requesting Asses	ssment Search	
Company:		Cont	act Person:	
Address:	File Number:			
Phone Number:				

PLEASE ALLOW FOR A ONE WEEK TURN AROUND TIME AND ONE PARCEL NUMBER PER FORM EMAIL: ARIEDEL@ALEXANDRIAMN.CITY OR FAX: 320-763-3511