

CITY OF ALEXANDRIA CERTIFICATION OF SPECIAL ASSESSMENTS

Parcel No.:	Owner	:			
Property Address:					
Legal Description:					
This is to certify that accord Minnesota, that the above which have been levied by t unpaid:	described tract of land has	the following improve	ements and/or special	assessments for	
	Improvement				
Type of Improveme	-	Original Amount	<u>Cert to City Y/N</u>	Balance Due	
To the best of our knowled assessments have not been		ents have been appro	oved by the City Counc	cil for which	
<u>Type of Im</u>	provement	Assessment Amount / Connection Charge			
Date:	By:City of Alexandria				
	To be Completed by Comp	any Requesting Asse	ssment Search		
C					
Company Name: Address:	Contact Person: File Number:				
Email Address:	Phone Number:				
PLEASE ALLOW FC	D <mark>R A ONE WEEK TURN AR</mark> EMAIL: <u>ARIEDEL@REA-/</u>			PER FORM	