Special Assessment/Lien Verification

Assessor's Office
(989) 894-8123 FAX: (989) 894-2312

DATE Requested: _____

Requested by: _____
COMPANY: _____
RETURN FAX #: _____

PROPERTY ADDRESS: _____

Parcel ID #: _____

OWNER'S NAME: _____

Liens:

		Date
Utilities	_____	_____
	_____	_____
Other (describe)	_____	_____
	_____	_____

Special Assessments:

Description	Amount
_____	_____
_____	_____
_____	_____

NOTES: _____
_____
_____
_____

Date Completed: _____
(This dated form is valid for seven (7) days ONLY)

Completed by: _____
(Only valid if signed by staff of the Bay City Assessors Office)