



CITY OF MANDAN – SPECIAL ASSESSMENT FORM

Please complete and return to: City of Mandan Finance Department, 205 Second Ave. NW, Mandan, North Dakota 58554 or kmotl@cityofmandan.com. For more information, call 667-3210.

CONTACT INFORMATION			
Property Owner:			
SERVICE ADDRESS			
Address:			
City:	State:	Zip Code:	
MAILING ADDRESS (if different from service address)			
Address:			
City:	State:	Zip Code:	
PHONE NUMBERS			
Home:	Work:	Cell:	
PROPERTY INFORMATION			
Lot		Block	
Subdivision		Property ID	
TYPE OF SERVICE			
<input type="checkbox"/> Tree Removal <input type="checkbox"/> Curb Stop Repair <input type="checkbox"/> Water Line Repair <input type="checkbox"/> Sewer Line Repair <input type="checkbox"/> Other _____			
Cost of Service to be Assessed		Contractor	
Other Information <i>(please include any additional information in the space provided below)</i>			

I, _____, hereby agree to remove the tree or repair the water line, sewer line or curb stop and agree to accept liabilities for such service. I will be responsible for the contractor's cost of service plus any cost City of Mandan utility may have in coordinating such service.

\$ _____ Cost and overhead assessed against abutting property as provided by law.

Owner signature

Date