



SPECIAL ASSESSMENT AUTHORIZATION FORM

Please complete and return to: City of Mandan, Finance Department
205 2nd Ave NW, Mandan, ND 58554 or specials@cityofmandan.com
For more information, call 701-667-3271

| | | |
|--|-------------|-------------|
| Property Owner: | | |
| Service Address: | | Parcel ID: |
| Mailing Address (if different from Service Address): | | |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | Work Phone: |
| Email: | | |
| 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: _____ | | |
| Method of Payment (check one): <input type="checkbox"/> Cost paid in full to the City upon completion <input type="checkbox"/> Cost to be assessed to the property over 5 years (unless stated otherwise). Assessment includes a 10% admin fee. A copy of the invoice(s) available upon request. | | |

Property Owner Signature

Date

City Authorization

Date

| For Office Use Only | | |
|---------------------|------------------|-----------------------|
| Cost of Service: | + 10% Admin Fee: | Total to be Assessed: |
| | | |
| Contractor: | | |
| Other Information: | | |