

PLEASE COMPLETE TOP PORTION OF FORM AND REMIL TO: ENGINEERING1@WYANDOTTEMI.GOV

PENDING SPECIAL ASSESSMENT/SPECIAL ASSESSMENT FORM

CITY OF WYANDOTTE

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Date of Request: _____

Property Address: _____ Tax ID #: _____

Name of Requestor: _____

Fax No: _____ Email Address: _____

ENGINEERING DEPARTMENT:

• **Pending Work Orders:**

___ Yes ___ No GRASS CUTTING

If yes: Date of Cutting: _____ Amount: _____

Date of Cutting: _____ Amount: _____

Amount Due: \$ _____

___ Yes ___ No SOLID WASTE PICK-UP

If yes: Date of Pick-up: _____ Amount: _____

Date of Pick-up: _____ Amount: _____

Amount Due: \$ _____

Completed by: _____ Date: _____

• **TOTER (CITY ISSUED GARBAGE CAN):**

___ Yes ___ No TOTER RENTAL

If yes: The property owner has rented a City toter(s) and agreed to return the toter(s) when transferring ownership of the property. A \$3.00 per month per toter(s) Toter Rental Fee will be charged to the property's utility account until the toter(s) is returned to the Department of Public Service.

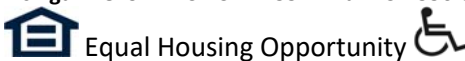
Completed by: _____ Date: _____

___ Yes ___ No DUMPSTER PURCHASE

If yes: The property owner has purchased a City dumpster and agreed pay off the balance of the purchase price of the dumpster when service is discontinued.

Amount Due: \$ _____

Completed by: _____ Date: _____



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• **Pending Special Assessment:**

___ Yes ___ No SIDEWALK REPLACEMENT If yes the following applies:

___ This property is located within the City of Wyandotte's proposed Special Assessment District _____. The sidewalks may be marked for replacement and become a lien on the property within the next 12 months.

___ Sidewalks have already been replaced and the cost of replacement is estimated at \$ _____. This cost will become a future lien on the property and is required to be paid in full before transfer of property.

Completed by: _____ Date: _____

FINANCE DEPARTMENT: Questions regarding invoice should be directed to 734-324-4547.

• **SPECIAL ASSESSMENT:**

___ Yes ___ No Special Assessment If yes: Total Amount Due: _____ As of date: _____

Customer Number: _____ SAD # _____

• **MISCELLANEOUS INVOICES:**

___ Yes ___ No Miscellaneous Invoices If yes: Total Amount Due: _____ As of date: _____

Customer Number: _____

These are considered a lien on the property and are required to be paid in full before transfer of property.

Completed by: _____ Date: _____

MUNICIPAL SERVICE: Questions regarding Water bills should be directed to 734-324-7190.

• **WATER OWING:**

___ Yes ___ No Water Owing If yes: Amount Due: _____

This amount would be placed as a lien on the property if not paid and is required to be paid in full before transfer of property.

Completed by: _____ Date: _____

TOTAL AMOUNT DUE TO CITY: \$ _____

Amounts owing are as of the date signed off. It is recommended that if closing does not occur within two (2) weeks of these dates, that an updated request be made.

05/12/21