



CITY OF MADISON, MINNESOTA
SPECIAL ASSESSMENT CERTIFICATION

City of Madison
404 Sixth Avenue
Madison MN 56256
(320) 598-7373 Phone
(320) 598-7376 Fax www.ci.madison.mn.us

-----**To be completed by Requester**-----**Please include \$10 fee with request**-----

Requested by:
(name and address) _____

Phone/Fax: _____

Property Address/Parcel #: _____

Current Owner: _____

-----**To be completed by City**-----**Please allow 3-5 business days upon receipt of request**-----

Type of Assessment:
Pending Assessments: _____

Deferred Assessments: _____

Levied Assessments: _____

Utility information is classified as private data until such time as it is certified to the tax rolls and is not included if not yet certified to the County Auditor/Treasurer's Office. I certify that this information is correct to the best of my knowledge as of the date indicated.

By: _____

Date: _____

Title: _____