



Assessment Letter Request

Fax to: 918-258-4998

Property Address _____ County _____

Subdivision _____ Lot ___ Block ___ Section ___ Township ___ Range ___

Parcel ID# _____ (if available)

Requirements

\$25.00 non-refundable fee

Contact Information

Title Company Name _____ Contact Name _____

Phone # _____ Fax # _____

Address _____ Email _____

City, State, Zip _____

Your File Number (if available) _____ (for additional information if needed)

Seller Name _____ Refinance

Buyer Name _____

CLOSING DATE _____

Office Use Only

Amount Owed _____ Dated _____ Application Number _____

- Building Permit
- Code Enforcement Active Case
- Demolition
- Old Assessment Letter
- Planning & Zoning
- Other _____

Research/Legal

Last modified January 3, 2017