



# 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  
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Last modified January 3, 2017