City of Clearwater
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

Fee: $25.00

SPECIAL ASSESSMENT SEARCH REQUEST

Date: _____

Property Address: _____ **Parcel ID Number:** _____

Property Owner: _____

Requested By: _____ **Company Address:** _____

Phone Number: _____ **Email:** _____

Please submit completed forms and payments to City Hall:
Email to astrohschein@clearwatercitymn.gov or
Mail to PO Box 9, Clearwater, MN 55320 or
In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot

FOR CITY USE ONLY

Improvement: _____ Amount: _____ Balance as of: _____

Water, Sewer and Refuse Bill: Yes No

Current Amount Due: _____ Includes Delinquent: _____

Services Thru: _____ Due by: _____ Next Reading: _____

Meters are read monthly and include on average 30 days. We do NOT estimate final bills. If payment is more than what is due, the check will be sent back. As a courtesy the last 3 bills were: _____

Other pending utility assessments, lawn assessments, sidewalk shoveling, etc.: _____

The following improvements are contemplated or pending in Council and are now in the process of planning or completion: _____

Improvement: _____ Approx. Date of Confirmation of Completion: _____
Estimated Cost of Improvement: _____

Request has been reviewed and completed by:

_____ _____

Signature **Date**