



**SECTION 1 - PROPERTY OWNER INFORMATION** 

## ASSESSMENT PAYMENT VERIFICATION FORM

\* PLEASE PRINT \*

## NOTE:

A Request for Assessment Review form **MUST BE SUBMITTED** with or prior to submitting this form.

PRINT	*	

Last Name or Company/Organization	First Name and M.I. (if an individual)					
SECTION 2 - PROPERTY INFORMATION						
	f ownership and record of payment for each year					
a refund is requested must be attached.	ownership and record or payment for each year					
Parcel Identification Number (PIN)	Parcel Identification Number (PIN)					
Year MCCD Assessment Amt. Paid	Year MCCD Assessment Amt. Paid					
To list additional parcels, please continue on page 2, Assessment Payment Verification Form Supplement.						
, .,						
SECTION 2 - SIGNATURE						
I certify that, to the best of my knowledge, the submitted information is true and correct.						
Signature Date						
- G.g. according to						

MCCD USE ONLY Acknowledgement of Receipt					
Date:					
Time:					
Ву:					

Please send completed form(s) to:

Margaret Creek Conservancy District
560 W. Union St.
Athens, OH 45701-2331
Phone 740-592-1792 Fax 740-592-5557
www.hockingcd.org

## ASSESSMENT PAYMENT VERIFICATION FORM SUPPLEMENT

## \* PLEASE PRINT \*

Parcel Identification Number (PIN)			Parcel Identification Number (PIN)	
Year	MCCD Assessment Amt. Paid	Y	ear	MCCD Assessment Amt. Paid
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