



City of Oronoco

REQUEST FOR SPECIAL ASSESSMENT SEARCH

REQUESTED BY: _____

PHONE: _____ FAX: _____

EMAIL: _____

DATE OF REQUEST: _____ YOUR FILE NUMBER: _____

PHYSICAL ADDRESS OF PROPERTY: _____

SUBDIVISION: _____

PLEASE CHECK IF IT IS A: LOT: _____ or EXISTING HOME: _____

PARCEL ID: _____ CLOSING DATE: _____

SELLER: _____

BUYER: _____

(SEARCH ASSESSMENT MUST BE COMPLETE)

FOR OFFICE USE ONLY

CURRENT ASSESSMENT: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

Prepared By: _____ Date: _____

THIS DOCUMENT SERVES AS YOUR INVOICE

- **ASSESSMENT SEARCH FEE: \$20.00 DUE UPON RECEIPT**
- **PAYABLE TO: City of Oronoco, PO Box 195, Oronoco, MN 55960**
- **REFERENCE PROPERTY ADDRESS ON YOUR CHECK**

NOTICE: PLEASE ALLOW UP TO 5 BUSINESS DAYS FROM REQUEST DATE FOR PROCESSING OF THIS REQUEST. If the sale, transfer, platting, re-organization or any such transaction is contemplated and involves splitting of the above-referenced property, be advised the Oronoco Zoning ordinance prohibits reduction of the size of yards or lots without prior approval of the City. *Further, there may be existing assessments levied by Olmsted County against the above-described property.*