



BUCKSKIN SANITARY DISTRICT
P O Box 5398
Parker, AZ 85344

REQUEST FOR ASSESSMENT AMOUNTS DUE

Book# ___ Account# _____ Parcel Number: _____ - _____ - _____

Physical Address: _____

Owner/Account Holder's Name: _____

Payoff Is Being Requested By:

- Title & Escrow Company
- Realtor
- Property Owner
- Potential Buyer

Reason For Amount Due Request:

- Property Is In Escrow
- Disclosure of Lien & Amount Due

For BSD Use Only:		
Area 3 : Due ___/___/___ \$ _____.		Int. _____
Total Payoff Amount		Prin _____
Area 4 : Due ___/___/___ \$ _____.		Int. _____
Total Payoff Amount:		Prin _____
Capacity Fee: Due ___/___/___ \$ _____.		Int. _____
Total Payoff Amount:		Prin _____
Monthly Due ___/___/___ \$ _____.		
Prepared ___/___/___ By: _____		

_____/_____/_____
Date of Request

Requested By:

Name/Title

Company Name (If Applicable)

Signature

Phone: (928) 667-7197 * Fax: (928) 667-1697 * www.bsdsewer.org

An Equal Opportunity Employer and Provider

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request this form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.