



ASSESSMENT PAYMENT VERIFICATION FORM

CASE# For office use only

*** PLEASE PRINT ***

NOTE:

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

SECTION 1 - PROPERTY OWNER INFORMATION

Last Name or Company/Organization

First Name and M.I. (if an individual)

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SECTION 2 - PROPERTY INFORMATION

In addition to completing this form, proof of ownership and record of payment for each year a refund is requested must be attached.

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

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MCCD USE ONLY

Acknowledgement of Receipt

Date: _____

Time: _____

By: _____

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)

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Year MCCD Assessment Amt. Paid

Parcel Identification Number (PIN)

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Year MCCD Assessment Amt. Paid

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Year MCCD Assessment Amt. Paid
