



OFFICE OF THE BOARD OF PUBLIC WORKS  
CITY-COUNTY BUILDING, ROOM 420  
FORT WAYNE, IN 46802  
PHONE 427-1112

**N O T I C E T O P R O P E R T Y O W N E R S**

**NOTICE OF PRELIMINARY HEARING**

DATE: 6/18/2004

TO CITY OF FORT WAYNE

You are being notified that the City of Fort Wayne Board of Public Works will hold a public hearing regarding Improvement Resolution No. 1587-04 recently adopted by the Board. This resolution is for the purpose of:

**PARKERDALE ADDITION - SANITARY SEWER**

The Board of Public Works will hold this public hearing in the City-County Building, Room 250, the "Omni Room", One Main Street on Wednesday, June 30, 2004 at 10:00 AM.

At this time the Board will hear and consider objections or remonstrances from all persons whose property will be affected by the Improvement Resolution.

**PROPERTY DESCRIPTION:**

99-9999-9999

Your estimated cost for this project will be \$ \_\_\_\_\_

The final cost could vary slightly from the above amount.

In accordance with applicable statutes of the State of Indiana, "reasonable accommodations" for persons with a known disabling condition will be considered for those attending this public hearing. Any person needing a "reasonable accommodation" should notify (260) 427-1112 or TTY 427-1200 at least seventy-two (72) hours prior to the meeting.



City of Fort Wayne  
BARRETT LAW  
NUMBER ONE EAST MAIN STREET, ROOM 425  
FORT WAYNE, IN 46802  
NOTICE OF ASSESSMENT

BL-0000728

Approved Date: 6/16/2004  
Barrett Number: 9999  
Resolution Number: 2323  
Property Key: 13-1313-1313

Your assessment is now due and must be paid by cash, check, money order,  
or bonded. Assessments under \$100.00 cannot be bonded.

DUE ON OR BEFORE 7/16/2004

PROJECT TYPE	# OF UNITS	UNIT COST	ASSESSED AMOUNT	MISC. CHARGES	ADJUSTMENT	TOTAL
	25.00	0.00000000	\$25,000.00	\$0.00	\$0.00	\$25,000.00
Please Pay This Amount						\$25,000.00

SAMPLE

This is a VALID RECEIPT WHEN STAMPED PAID BY COLLECTING OFFICER. Please see that descriptions are correct. When paying by mail, this statement must be returned with a self-addressed, stamped envelope if a receipt is desired.

PHONE: 427-1105

Make Check Payable To: CITY OF FORT WAYNE BARRETT LAW

### Waiver and Demand of Property Owners

The undersigned against whose real estate an assessment was made on the above approved date according to Barrett No. 9999, per description given in consideration for having the right to pay said assessments in installments, hereby agree each for himself that he will not make any objections to said assessments for illegality or irregularity, and that he will pay the same at 7.00% interest thereon.

Any property owner who has signed a waiver to pay his/her assessment in deferred installments may, at any time, pay up his/her entire assessment, on the condition that he/she at the same time, pay all interest due on a minimum of the first 2 installments and the balance of principal due.

If any account is six months or more delinquent, the total assessment (all installments of principal and interest) are considered to be in default and the entire account will be certified to the Allen County Auditor for tax sale before June 1st. of the calendar year following delinquency.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS

ONE PAYMENT PER YEAR FOR 10 YEARS \_\_\_\_\_

ONE PAYMENT PER MONTH FOR 10 YEARS \_\_\_\_\_

ONE PAYMENT PER YEAR FOR 20 YEARS \_\_\_\_\_

ONE PAYMENT PER MONTH FOR 20 YEARS \_\_\_\_\_

ONE PAYMENT PER YEAR FOR 30 YEARS \_\_\_\_\_

ONE PAYMENT PER MONTH FOR 30 YEARS \_\_\_\_\_

If you wish to bond this assessment and return waiver by mail, you must sign this "waiver" section by the above due date. Signatures of all recorded property owners are required and must be notarized if mailed. If the waiver is signed by at least one owner and witnessed in the Barrett Law Office, notarization is not required; however, all owner's signatures must be on the waiver.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Installment notices to be mailed to: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

SAMPLE

PRINTED NAME OF NOTARY

NOTARY'S SIGNATURE

My Commission Expires \_\_\_\_\_

COUNTY OR RESIDENCE