CITY OF BISMARCK DEPARTMENT OF PUBLIC WORKS

Residential Assessment Form

PO BOX 5503, Bismarck, ND 58506-5503

(701) 355-1700

Property Owner Name: ____
(Please Print)

Repair Address: ____

Mailing Address: ____
(if different from Repair Address) Address/PO Box City State Zip

Phone Number: ______________________ Email: ______________________________

Type of Repair (check one): _______ **Lead Service Line Replacement** _______ **Sanitary Sewer Service Repair/Reline**

665-680-668-4420-255 **670-680-671-4420-265**

Date of Repair: ____________________ Cost of Repair to be Assessed: ______________________

Contractor: ____

Other Information: ____

I hereby agree that the repairs to the water line or sewer line at the above address have been completed and agree to accept liabilities for such repair. I will be responsible for any additional contactor's cost of repair plus any cost the City of Bismarck Utility Operations may have in coordinating such repair and any assessment costs.

Owner Signature: ______________________________ Date: ______________________

If you have any questions regarding the assessment, please contact the City of Bismarck Fiscal Services department at (701) 355-1600.

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<u>Office Use Only:</u>

Approval By: __________________________________ Date: ______________________

Parcel Number: __________-__________-__________

Invoice Number: ________________

Assessment Terms: _________ years

Email Copies to: Tawny Wagner – Fiscal Services
Hard Copies to: Homeowner
Originals to: Fiscal Services

W:PwAdm:Assessment Agreements Revised 5/5/2020