

BUCKSKIN SANITARY DISTRICT

P O Box 5398 Parker, AZ 85344

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www.buckskinsanitarydistrict.org

Board of Directors:

Robert Troxler Gary Hansen Gary Svider William Risen Shelly Rohde

REQUEST FOR ASSESMENT/LIEN PAYOFF

Parcel Number:		
Physical Address:		
Owner/Account Holder's Name:		
Payoff Is Being Requested By:	For BSD Use Only: Area 1 : Due/ \$ Payoff Amount: \$	
O Title & Escrow Company		
O Realtor	Area 2 : Due/ \$ Payoff Amount: \$	
O Property Owner	Area 3 : Due/ \$ Payoff Amount: \$	
O Potential Buyer	Monthly:Due/ \$	
Reason For Payoff Request:	Payoff Amount: \$	
O Property Is In Escrow Estimated COE Date:/ Buyer's Name: Buyer's Mailing Address:		
O I Would Like To Pay My Accoun		
O Disclosure of Lien & Amount Du	Due	
Date of Request	Requested By:	
	Name/Title	
Company Name (If Applicable)	Signature	