

Norman County Abatement Request

Parcel No.
Commissioner's Name.
Auditor's Name.

For Special Assessments
assessed in Year _____

and payable in Year _____

_____ Garbage Abatement
_____ Ambulance Abatement

Applicant's Name	Section - Township - Range	Date of Application
Street Address	City - State	Zip Code

APPLICANT'S STATEMENT OF FACTS:

Is this house currently inhabited? Yes No

If no, since what date has it been empty? _____

Has this house been rented at any time this year? Yes No

If yes, when? _____

Do you have any intentions of renting this house out this year? Yes No

Is there electrical power hooked up to this house? Yes No

If no, when was it disconnected? _____

Is the house heated during the winter months? Yes No

If no, when was it discontinued? _____

Do you intend to remove, remodel, or rebuild the house on this site? Yes No

If yes, when? _____

In the space below state why you feel this special assessment should be abated.

Applicant's Signature

Date

NOTE: Minnesota Statutes 1971, Section 609.41 "Whenever making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which he knows is false may be sentenced, unless otherwise provided by law, to imprisonment for no more than one year or to payment of a fine of not more than \$1,000, or both.