



ASSESSMENT PAYMENT VERIFICATION FORM

• PLEASE PRINT •

CASE #

For Official Use Only

NOTE: A separate form should be completed for each county in which property is located. 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.

County where parcels are located:

Parcel Identification Number (PIN)	
Year	MWCD Assessment Amt. Paid

Parcel Identification Number (PIN)	
Year	MWCD Assessment Amt. Paid

To list additional parcels, please continue on page 2, Assessment Payment Verification Form Supplement.

SECTION 3 – SIGNATURE

I certify that, to the best of my knowledge, the submitted information is true and correct.

Signature

Date

MWCD USE ONLY
Acknowledgement of Receipt

Date _____

Time _____

By _____

Please send completed form(s) to:
MUSKINGUM WATERSHED
CONSERVANCY DISTRICT
 1319 Third Street NW • P.O. Box 349
 New Philadelphia, OH 44663-0349
 Phone (330) 364-8039 or Toll Free (866) 755-6923
 Fax (330) 364-4161
 www.mwcd.org



ASSESSMENT PAYMENT VERIFICATION FORM SUPPLEMENT

• PLEASE PRINT •

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parcel Identification Number (PIN)	
<input type="text"/>	
Year	MWCD Assessment Amt. Paid
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>