

Completion date _____

Service Rep

PARCEL SEARCH APPLICATION

PUBLIC WORKS DEPARTMENT

SURVEY DIVISION

11660 Myeron Road North Stillwater, Minnesota 55082 PHONE (651) 430-4300 EMAIL Publicworks@co.washington.mn.us

Payment Date:

Parcel Search File No:	Checks payable to WASHINGTON COU			Payment Type:	
REQUEST FOR SURROUNDING PROPERTY OWNERS AND ADDRESSES					
Applicant Name	Business (if applicable)				
Mailing Address – City, State and		Phone			
Email			Fax (if applicable)		
List of owner names and address	es for parcels loc	ated withinf	eet of:		
Parcel Identification Number(s):					
Property Owner (if different)	Physica	al Address (if different) -	– City a	nd Zip if unassigned	address
Date needed:		Delivery Method:			
# sets of mailing labels (no labels if emailed / faxed)		Pick up Mail*	<u> </u>	Email** Fax**	
Parcel Search Fees (to be complete	ed by Survey Divis	ion – based upon result	ts of sea	arch)	
1st 25 parcels, including subject Non-Radius / Labor per hour after # of additional parcels x \$ Sheet(s) of labels (up to 30/sheet Extra set(s) of labels (\$1.00 per part)	er first (\$93.00) .50 t) x \$1.00	\$ \$ \$ \$			
*Postage Fee \$2.00 **Email / Fax (no printed labels)	\$2.00	\$ \$			
	\$				
Total # of parcels					