

**CITY OF ST. GEORGE**

175 E. 200 N.

St. George, UT 84770

Attention: **sid.quote@sgcity.org**

Date Submitted \_\_\_\_\_

The purpose of this form is to request information regarding Special Improvement District (SID) assessments levied by the City of St. George as a result of infrastructure improvements (such as roadway, sidewalk, curb and gutter, etc.) on the property described below. Company understands that this request form will *not* provide information for utilities balances (monthly charges for water, power, sewer, garbage, etc.) which are billed separately by the City's Utilities department, unless specifically requested and accompanies this request for SID assessment information, by the company submitting this form. This form should *not* be used to request utilities information only or for other agreements recorded on the property by the City unless specifically authorized by the City:

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. IF THE ITEM IS NOT APPLICABLE, PLEASE INDICATE "N/A."**

1. Property tax identification number: Serial SG- \_\_\_\_\_  
Account \_\_\_\_\_
2. Previous tax I.D. # if property's tax I.D. # is newly assigned within two (2) years of this request. Also indicate reason for new # \_\_\_\_\_
3. Legal description: (Attach separate sheet if necessary. If property is a partial/split, attach a map of the property and include a boundary description which specifies the exact acreage to be split. Clearly indicate that request is for a "Partial Release.")
4. Property address: \_\_\_\_\_
5. Current owner(s) name(s): \_\_\_\_\_  
Previous owner(s) names(s): \_\_\_\_\_
6. Requesting: Payoff \_\_\_\_\_ Assumption \_\_\_\_\_ Utilities Also Requested \_\_\_\_\_
7. Reason: Sell/Purchase \_\_\_\_\_ Refinance \_\_\_\_\_ Partial Release \_\_\_\_\_ Other \_\_\_\_\_
8. Special Improvement District (if known): \_\_\_\_\_

Requested By \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Fax \_\_\_\_\_

Company's Email Address \_\_\_\_\_

Signature of Individual Completing Form \_\_\_\_\_

**PLEASE ALLOW TWO TO THREE BUSINESS DAYS FOR PROCESSING AFTER RECEIPT BY THE CITY**

**FOR CITY USE ONLY:**



**St. George**

Assessment District \_\_\_\_\_

City's Comments:

Amount due: Principal \_\_\_\_\_

Interest \_\_\_\_\_

Payoff \_\_\_\_\_

Assumption amount \_\_\_\_\_

Interest through \_\_\_\_\_

Interest rate \_\_\_\_\_

Annual payments remaining \_\_\_\_\_

City Representative Signature \_\_\_\_\_ Date Signed \_\_\_\_\_