

**Form Prescribed by State Board of Accountants**

Last date on which Total  
Assessment May  
be paid without Interest

County Form No. 83 (Revised 1967)

## DITCH DUPLICATE

NAME OF DITCH \_\_\_\_\_

ASSESSMENT FOR: (Indicate Which)	
CONSTRUCTION OR RECONSTRUCTION	ANNUAL MAINTENANCE
<input type="checkbox"/>	<input type="checkbox"/>