

NAME OF DITCH

Form Prescribed by
State Board of Accounts

COUNTY FORM No. 63A

(Rev. 1967)

DRAINAGE ASSESSMENT STATEMENT

NAME _____
ADDRESS _____

____ COUNTY

Duplicate No. _____

CONSTRUCTION OR RECONSTRUCTION

Name of
Drain _____

ANNUAL MAINTENANCE

Examine receipts and see that descriptions are correct and complete. Please correct any error in address.

NOTE: Fold on line below if No. 9 window envelope is used.

[illegible]

| | | | | |
|--|--------|--|--|--|
| Amount of delinquency to due date of installment | | | | |
| RECEIVED OF THE ABOVE NAMED PAYOR IN PAY- | TOTALS | | | |

Amount due in payment of installment No. _____ payable on or before _____, 20____. on the

following property:

EXHIBIT B

MENT ON THE ASSESSMENT DESCRIBED ABOVE

RETURN ALL COPIES TO COUNTY TREASURER

THE SUM OF \$_____

THIS IS A VALID RECEIPT WHEN STAMPED PAID
BY THE COUNTY TREASURER

COUNTY TREASURER