



ASSESSMENT SEARCH REQUEST

Please submit a \$25.00 fee with each parcel request payable to the City of Medina

DATE: _____

REQUESTED BY: _____

Name

Company Name

Address

Property Identification Number: _____

Parcel Address: _____

Return Request by Mail, Fax or E-mail to: _____

Attn: _____

**** Assessment searches will be released upon receipt of payment.**