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## 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.**

2052 County Road 24, Medina, MN 55340 ● Telephone 763-473-4643 ● Fax 763-473-9359

For office use only: 101-41400-34107