

**TOWN OF KAMSACK  
ASSESSMENT INFORMATION REQUEST**

I, \_\_\_\_\_ hereby request a copy of the  
SAMA Assessment Field Sheet for the following property(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I will attend to the office & pick up the information. Cost is \$10.00

\_\_\_\_\_ I would like the information mailed to: Cost is \$15.00

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like the information faxed to: Cost is \$15.00

\_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Registered Owner of Property

**\*PAYMENT MUST BE RECEIVED PRIOR TO RELEASE OF INFORMATION\***

420-800-200 Office Use: GR#	Staff Initials
--------------------------------	----------------