CITY OF DIXON
APPLICATION FOR ASSESSMENT APPORTIONMENT

Return completed form to:	CITY OF DIXON 171 South 5th Street Dixon, CA 95620

Owner/Engineer _____ Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Assessment District Name _____

Project Description _____

Original APN(s)	Legal Description	Original Assessment Amount(s)

Purpose (Please check one):	
	Subdivision Map No.:
	Parcel Map No.:
	Lot Line Adjustment No.:
	Parcel Map Waiver No.:

Number of new parcels:

Fee Schedule
See current fee schedule at www.ci.dixon.ca.us/engineering or call 707-678-7030.

The undersigned, being the owner or interested party in property as set forth below, hereby requests the City of Dixon to apportion the amount remaining unpaid on the above assessment(s) in accordance with the provisions of Part 10.5 of the "Improvement Bond Act of 1915", and said assessment is to be apportioned to each separate part of the original lot or parcel of land, the apportionate part of the amount remaining unpaid on the assessment that would have been levied thereon had the lot or parcel been so divided at the time of the original confirmation of assessment.

Applicant's Signature _____ Date _____

IMPORTANT: A COPY OF THE FINAL MAP (18" x 26" BLUELINE & 8½" x 11" REDUCTION) MUST BE DELIVERED TO NBS/LOWRY TO BE USED AS THE BASIS FOR THE AMENDED ASSESSMENT DIAGRAM.