

**ASSESSMENT BOND SEGREGATION REQUEST FORM
(1915)**

City Council
City of Sacramento
Planning Department
915 "I" Street, NCH, 3rd Floor
Sacramento, CA 95814

Location: _____

APN: _____
APN: _____
APN: _____

We, the undersigned,

Respectfully request the SEGREGATION OF THE ASSESSMENT NO. _____

Recorded in Book _____ of Street Assessments, Pages _____.

Enclosed is the Amended Assessment Diagram, and a check in the amount of
\$ _____ to cover the costs of reapportionment as provided by Ordinance.

It is understood that this segregation will not be confirmed by City Council until such
time as payment is received by the City of Sacramento for all of the current and
any delinquent installments, or evidence is presented to the City of Sacramento
that said installments have been paid.

Owner(s):

Printed Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____