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SANITARY DISTRICT of HAMMOND

MICHAEL A. BROWN
RECORDER

TELEPHONE (219) 853-6412
FAX (219) 853-6321

5143 COLUMBIA AVENUE
HAMMOND, INDIANA 46327-1794

RECORDING OF SEWER LIEN

For a valuable consideration, the receipt whereof is hereby acknowledged, a certain Sewage Lien existing in favor of SANITARY DISTRICT OF HAMMOND, 5143 Columbia Avenue, Hammond, Indiana, 46327,

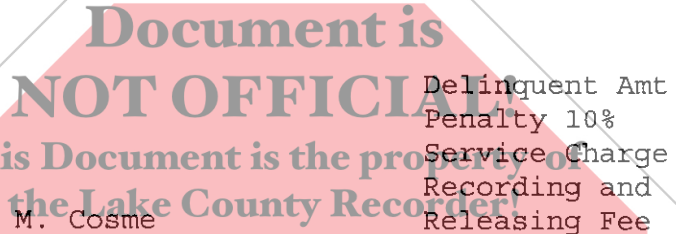
and against Roy & Christine M. Cosme for the following real estate to-wit:

4927 Beech Avenue
LaSalle Add. L.26 BL.6

Key #26-34-0268-0026

ADDRESS: Roy & Christine M. Cosme

P.O. Box 3314 av
Munster, IN 46321



Delinquent Amt	\$ 92.18
Penalty 10%	9.22
Service Charge	5.00
Recording and Releasing Fee	25.00

Total Owed: \$ 131.40

a written notice of an intention to hold lien which is to be filed in the Office of the Recorder of Lake County, State of Indiana.

William Biller
Business Manager



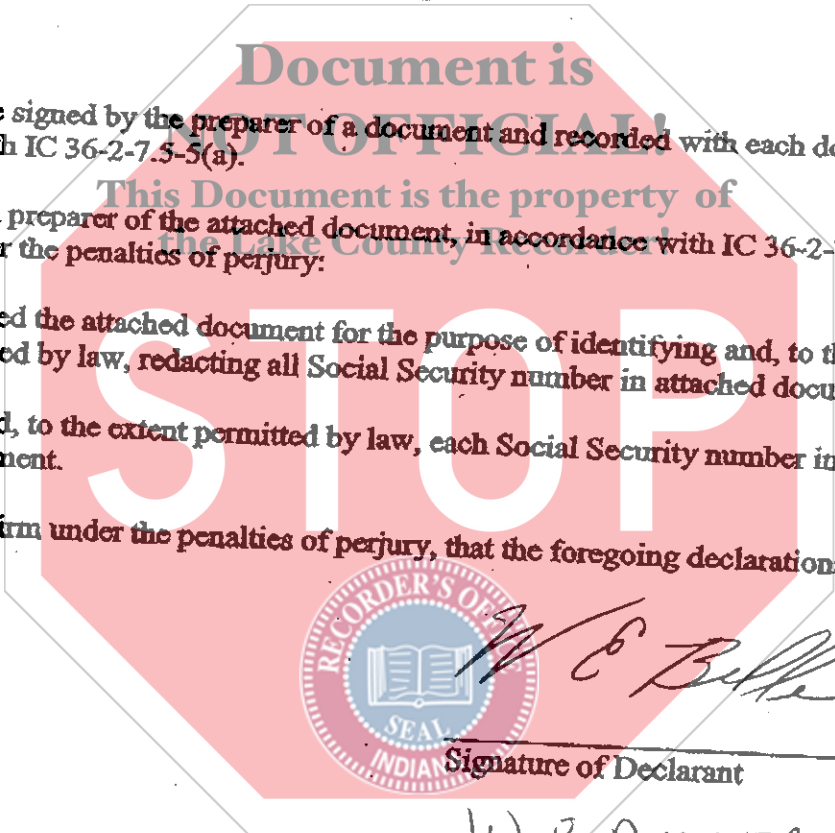
THIS INSTRUMENT PREPARED BY:
Diane Zaborowski
Secretary
Sanitary District of Hammond
Hammond, IN 46327

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Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration



This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

W. B. Biller

Signature of Declarant

W. B. BILLER
Printed Name of Declarant