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MICHAEL A. BROWN  
RECORDER

### SANITARY DISTRICT of HAMMOND

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 Cassandra Bowden for the following real estate to-wit:

1929 Clay Street  
Resub. Lots 18 to 24 BL.1  
L.19 BL.1

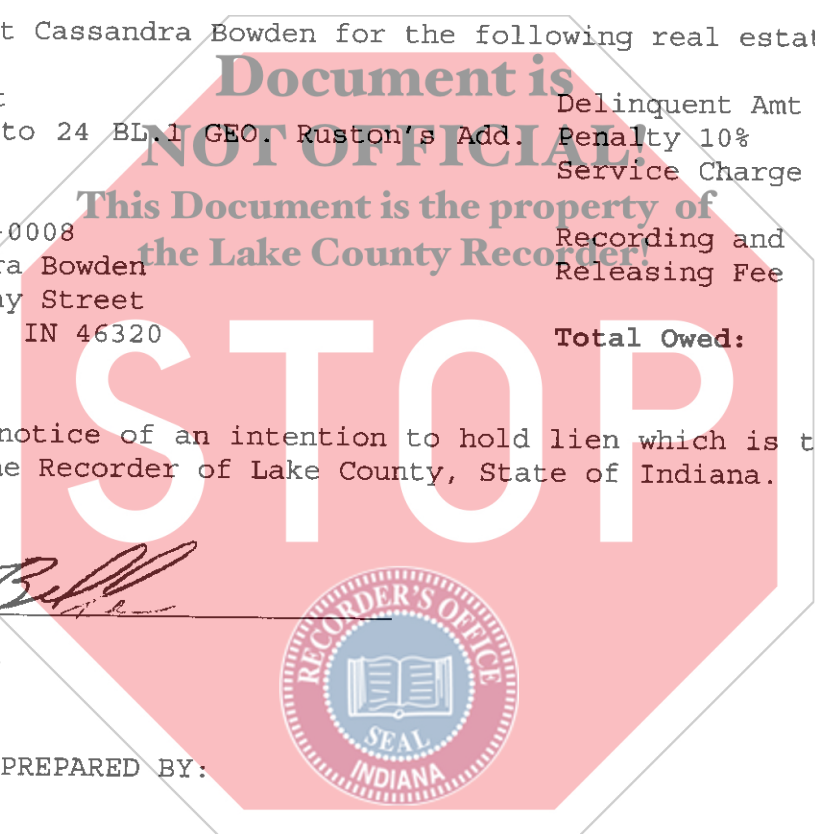
Key #26-35-0379-0008  
ADDRESS: Cassandra Bowden  
1920 Clay Street  
Hammond, IN 46320

Delinquent Amt	\$ 83.65
Penalty 10%	8.37
Service Charge	5.00
Recording and Releasing Fee	<u>25.00</u>
<b>Total Owed:</b>	<b>\$ 122.02</b>

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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EP

ok

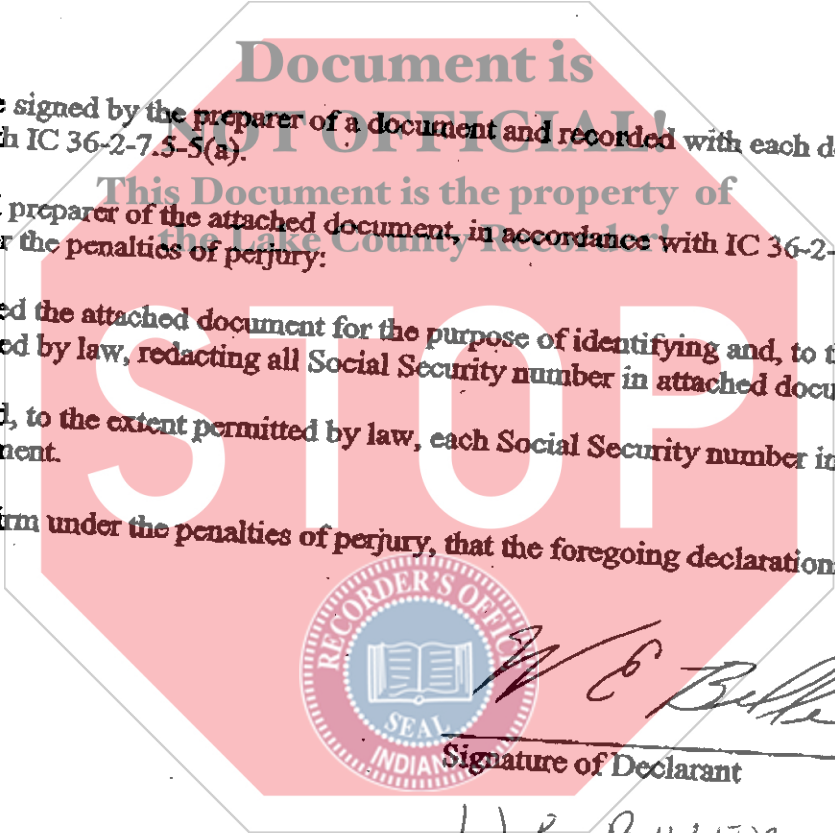
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Prescribed by the  
State Board of Accounts  
(2005)

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. E. Biller*

Signature of Declarant

W. E. BILLER  
Printed Name of Declarant