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2010 OCT -5 AM 11:38

MICHELLE FAJMAN
RECORDER

NOTICE OF LIEN FOR DELINQUENT SEWER ACCOUNT

TO THE RECORDER OF LAKE COUNTY, INDIANA:

Pursuant to IC 36-9-23, the undersigned District Manager of Lake Dalecarlia Regional Waste District, a municipal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a lien for delinquent sewer fees and penalties on the following described real estate, in the itemized amount shown below, plus delinquencies accruing thereafter until this lien is released, to-wit:

Legal description:	DALECARLIA NORTH 1/2 BLOCK 25 L. 41
Old Property Key Number:	02-03-0186-0041
New Property Key Number:	45-19-01-354-023.000-007
Owner(s):	SHARON A PETRONIS
Property address:	217 W. LAKEVIEW DRIVE, LOWELL, IN 46356
Mailing Address:	217 W. LAKEVIEW DRIVE,, LOWELL, IN 46356
Account Number:	66627000
Delinquency date:	09-21-2010
Delinquent Sewer fees:	293.24
Penalties (10%):	12.96
Delinquent Stormwater surcharge.	0.00
Penalties:	0.00
Lien recording fee:	11.00
Lien Release recording fee:	13.00
Certification fee :	20.00
Statutory service charge:	5.00
TOTAL:	355.20

The undersigned further states that the amount of said delinquencies and penalties so submitted are true and correct computations as shown in the records of Lake Dalecarlia Regional Waste District, Lowell, Indiana, and that no payment therefor has been received.

Nicole Walkowiak
Nicole Walkowiak, District Manager



STATE OF INDIANA)
COUNTY OF LAKE)

telephone: (219) 696-4035

Before me, a Notary Public in and for said County and State, personally appeared Nicole Walkowiak, who acknowledged the execution of the foregoing Notice of Lien for Delinquent Sewer Account, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct, this 22 day of September, 2010.

My Commission Expires: July 15, 2016
Resident of Lake County, Indiana

Carol White
Carol White, Notary Public

Pursuant to IC 36-2-11-15, I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Signature: *Nicole Walkowiak* Date signed: 9-22-10
Printed: Nicole Walkowiak

AMOUNT \$ 11-
 CASH _____ CHARGE _____
 CHECK # 013204
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK SS

Return this document to: Lake Dalecarlia Regional Waste District
15901 Briargate Place
Lowell, Indiana 46356