STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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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 signal corporation formed and acting pursuant to IC 13-26, hereby submits its notice of intention to hold a

	ing pursuant to 10 13-20, hereby submits its notice of intention to hold a
	enalties on the following described real estate, in the itemized amount
	ing thereafter until this lien is released, to-wit:
Legal description:	DALECARLIA BL. 44 LOTS 6,7,8,22,23,24
Old Property Key Number:	
New Property Key Number:	45-19-12-154-024.000-007
Owner(s):	MARTIN L DIETZ
Property address:	6215 MAIN STREET, LOWELL, IN 46356
Mailing Address:	6215 MAIN STREET, LOWELL, IN 46356
Account No:	462 50900 cument is
Delinquency date:	8-21-2011
Delinquent Sewer fees:	NOT OF FICIAL! 259.04
Penalties (10%):	25.92
Delinquent Stormwater surch	he Lake County Recorder! 0.00
Penalties:	he Lake County Recorder! 0.00
Lien recording fee:	
Lien Release recording fee: .	
Certification fee:	
Statutory service charge:	<u>5.00</u>
TOTAL:	333.96
The undersigned further states	that the amount of said delinquencies and penalties so submitted are true
•	the records of Lake Dalecarlia Regional Waste District, Lowell, Indiana,
and that no payment therefor has been i	
	MUCCILLA UUUIGA)
	Nicole Walkowiak, District Manager
A Section of the sect	CAROL WHITE SPHONE: (219) 696-4035
STATE OF INDIANA)	Lake County /
COUNTY OF LAKE) SS	My Commission Expires July 15, 2016
The same of the sa	and for said county and State, personally appeared Nicole Walkowiak,
*	the foregoing Notice of Lien for Delinquent Sewer Account, and who,
=	alties of perjury, stated that the facts and matters therein set forth are true
and correct, this 22 day of 2	
	2 221/
My Commission Expires: July 15, 2016	6 mid thete
Resident of Lake County, Indiana	Carol White, Notary Public
	firm, under the penalties for perjury, that I have taken reasonable care to
redact each Social Security number in t	
^	
Signature: (COLL)	WW/ Date signed: 8-22-11
Printed: Nicole Walkowiak	<u> </u>

Return this document to: Lake Dalecarlia Regional Waste District

15901 Briargate Place Lowell,Indiana 46356

This instrument prepared by Timothy R. Sendak, Attorney at Law 209 South Main Street, Crown Point, Indiana 46307