## IOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER

2023-032138

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2023 Nov 29 3:25 PM

## 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:

DALECARLIA W'LY TRI=PT L50 & ALL LOT 51 BL.5 Legal description: 45-19-12-252-019.000-007 Key Number: STEVEN MILLER Owner Property address: 5512 VASA TERRACE, LOWELL, IN 46356 5512 VASA TERRACE, LOWELL, IN 46356 Mailing Address: Account No: 36675001 Delinquency date: 343.09 Delinquent Sewer fees: 34.31 0.00 Penalties:
Lien recording fee: 0.00 25.00 25.00 20.00 Certification fee: . . . . . . . 5.00 Statutory service charge: . . . TOTAL: 452.40

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, District Manager Telephone: (219) 696-4035

STATE OF INDIANA ) COUNTY OF LAKE SS

ANGELA BURROWS March 11, 2027 Commission Number NP0719127 Lake County

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 Later the

My Commission Number: NP0719127 My Commission Expires: March 11, 2027 Resident of: Lake County, Indiana

Angela Burrows, 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: Macole Walkowiak

Date signed:

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

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