**14-0pt. Optional Affidavit of Mailing Assessment Hearing Notice**

State of Minnesota )

 )

Council of \_\_\_\_\_\_\_ )

 \_\_\_\_\_\_\_\_\_\_\_, being first duly sworn, deposes and says:

I am a United States citizen, over \_\_\_\_\_\_\_ years of age, and the \_\_\_\_\_\_\_ of the city of \_\_\_\_\_\_\_, Minnesota.

On (month) (day) , (year) , acting on behalf of the said city, I deposited in the United States mail at \_\_\_\_\_\_\_, Minnesota, copies of the attached notice of a hearing on proposed special assessments, enclosed in envelopes, with postage thereon fully prepaid, addressed to the following persons at the addresses appearing opposite their respective names:

Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is delivery service by United States mail between the place of mailing and the places so addressed.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of (month) , (year) .

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

**END OF FORM**