



PROPOSED SPECIAL ASSESSMENT DISTRICT APPLICATION

City of Kenai
210 Fidalgo Avenue
Kenai, AK 99611
Phone: 283-8231
Fax: 283-5068
Email: cityclerk@kenai.city

Contact Information

Name of Sponsor:

Date:

Daytime Phone No.:

Email Address:

Mailing Address:

Proposed Assessment District Information

I, the sponsor, request the City of Kenai to establish an assessment district in the following area:

Requested improvements include:

Attachments

☐ Detailed Boundary Description

☐ Plat map of the area with the district boundaries identified and improvements drawn in.

I agree to be the sponsor for the project and carry out the duties required of the sponsor.

Sponsor Signature:

Date:

FOR CITY USE ONLY:

Submission Date: _____ Received By: _____

Following Items Received:

☐ Detailed Boundary Description

☐ Map with district boundaries identified and improvements drawn in.

Application ☐ Approved _____ ☐ Deemed Improper _____ ☐ Resubmitted _____

Distribution: Original – Clerk's Office / Copy – City Manager