

City of Franklin
Sewer Utility Office
Post Office Box 697
Franklin, Indiana 46131

Municipal Letter of Assessment Request

Date of request: _____

Please provide the following information:

Closing Date: _____

Property Address: _____

Property Legal: _____

Seller's Name: _____

Buyer's Name: _____

Buyer's Alternate Mailing Address (if applicable): _____

Title Company Name: _____ Attn: _____

Phone #: _____ Fax #: _____

Fax this form to City of Franklin Sewer Utility at (317) 736-6709. Call our office at (888) 736-3640 Monday – Friday 8:00am to 4:30pm with any questions. Thank you!