



City of Homer

www.cityofhomer-ak.gov

Office of the City Clerk

491 East Pioneer Avenue

Homer, Alaska 99603

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(p) 907-235-3130

(f) 907-235-3143

SPECIAL ASSESSMENT PETITION APPLICATION

Applicant & Proposed Assessment Information

Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Please check the type of Assessment District being requested:

- Road Reconstruction & Paving Special Assessment District
- Water Only Assessment District
- Water & Sewer Special Assessment District
- Sewer Only Special Assessment District

Boundaries of the proposed district. Please list the streets to be included in the proposed district. Please be as specific as possible. _____

OFFICE USE ONLY

- \$100 Application Fee Received – Attach Copy
- Approved & Notification sent to Petitioner – Date _____ Rejected - Reason for Rejection: _____
- Submitted Proposed District to PW Director for Final Boundaries: _____
- Petition Created and Sent via Certified Mail: _____
- Petition is Sufficient (50% of Record owners) Petition is Not Sufficient
- Neighborhood Meeting Scheduled: _____ - Notification to Petitioner: _____
- Neighborhood Meeting Advertised: _____
- Public Hearing Date: _____
- 60 Day Notification of Hearing: _____