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CITY OF SOUTH BEND  
DEPARTMENT OF CODE ENFORCEMENT  
PAY-OFF REQUEST

*This document is to be used only to provide payoff information and may not be altered or used for any other purpose. For all other requests, a standard Access to Public Records Request form must be used.*

Name of Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_

Owner of the Property: (circle one) Yes or No

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Property Address of Information Requested: A printout of costs and fees owed on the above-referenced property.

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**INTER OFFICE USE ONLY**

Name of Employee Handling Request: \_\_\_\_\_

Date: \_\_\_\_\_

Date sent to Legal: \_\_\_\_\_

Approval of Legal Department: \_\_\_\_\_

**Mail this completed form:**

Department of Code Enforcement  
1300 County-City Building  
227 W. Jefferson Blvd.  
South Bend, IN 46601-1830  
Email: [CodeEnforcementBilling@southbendin.gov](mailto:CodeEnforcementBilling@southbendin.gov)