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: Mailing Address of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-Mail Address:

Phone:

Fax #:

Date of Request: \_\_

**Property Address of Payoff Information Requested:**

**THIS SECTION FOR CODE ENFORCEMENT USE ONLY**

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

**Mail, Email or Fax this completed form:**

Department of Code Enforcement

1300 County-City Building

227 W. Jefferson Blvd.

South Bend, IN 46601-1830

 Email: CodeEnforcementBilling@southbendin.gov

 Fax: (574) 235-7703