



CITY OF SOUTH BEND

DEPARTMENT OF COMMUNITY INVESTMENT

NEIGHBORHOODS

Payoff 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: _____

Phone #: _____ Fax #: _____

Email Address: _____ Date of Request: _____

Payoff Request for Invoices and/or Fines (Tickets) Owed by:

Owner Name: _____

Property Address(es) Owned: _____

Property Address*: _____

Current Recorded Owner of this Property? Yes or No

* This option is what is typically requested or needed in the event of a property sale or transfer.

Mail, Email, or Fax Completed Form to:

Neighborhood Services & Enforcement

City Hall, Suite 500

215 S. Dr. Martin Luther King Jr. Blvd.

South Bend, IN 46601-1830

Email: DL-NeighborhoodsBilling@southbendin.gov

Fax: (574) 235-7703

INTER OFFICE USE ONLY

Employee Handling Request: _____

Date Received: _____ Date Completed: _____