

**City of Saco
Assessing Department
300 Main Street
Saco, Maine 04072**

DIGITAL COMMITMENT BOOK DATA REQUEST FORM

Request for assessment data as of: April 1, _____.

Name of Requester: _____
Last First MI.

Signature: _____

Mailing Address: _____
Street/PO Box Town/City State Zip

E-mail Address: _____

Telephone Number: _____

Please check the following:

_____ I am requesting a copy of the April 1, _____ Valuation book in pdf form.

All requests must be in written form and accompanied by the check payment of \$150.00.

Upon receipt of payment, the data will be e-mailed to you (in pdf).