

CITY

AMENDED SUBDIVISION PLAT CHECKLIST  
AND TREASURER'S CERTIFICATE

SUBDIVISION NAME \_\_\_\_\_

Instructions: The following documents must be filed with the plat if checked below. Departmental official is to place a check in the blank provided if the document is required, or to write "n/a" if not required, then initial the appropriate checklist section when review has been completed.

\_\_\_\_\_ CITY ENGINEER

\_\_\_\_\_ Copy of State Highway Access Permit

\_\_\_\_\_ CITY ATTORNEY

\_\_\_\_\_ Preliminary commitment for the title insurance or title abstract report, issued within thirty (30) days prior to the date of filing, and disclosing all title owners and lienholders

\_\_\_\_\_ Consents to plat from: \_\_\_\_\_

\_\_\_\_\_ CITY-COUNTY HEALTH DEPARTMENT

\_\_\_\_\_ Certificate of Approval, DEQ

\_\_\_\_\_ CITY TREASURER

TREASURER'S CERTIFICATE

I hereby certify pursuant to Section 76-3-207(3) M.C.A. that as of this \_\_\_\_\_ day of \_\_\_\_\_ (month/year), no real property taxes assessed and levied on the below-described land to be divided are delinquent:

Tax ID # \_\_\_\_\_

Legal Description \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Deputy County Treasurer

This form is applicable to amended plats exempt from review under M.C.A. 76-3-207(3) where five or fewer lots within a platted subdivision are being relocated or are the result of aggregating lots.