



Town of Crested Butte  
P. O. Box 39  
Crested Butte, CO 81224  
Ph: 349-5338

REQUEST OF CERTIFICATE OF ASSESSMENTS DUE

DATE:

REQUESTED BY:

PROPERTY LEGAL DESCRIPTION:

PROPERTY ADDRESS:

OWNER (S):

CLOSING DATE:

ASSESSMENTS & CHARGES REQUESTED:

SEWER/WATER/SANITATION  
STOVE/OTHER

RETURN INFORMATION

NAME:

EMAIL:

PHONE:

Please return completed form to Kyle Thomas, [kthomas@crestedbutte-co.gov](mailto:kthomas@crestedbutte-co.gov)