



Office of Code Enforcement
P.O. Box 1845, Jonesboro, AR 72403

870-933-4658

AFFIDAVIT

SCARBOROUGH JOYCE

333 PLANTATION WAY

BYHALIA, MS 38611-6949

RE: 616 E Oak

I, Eric Schmett, a Code Enforcement Officer, being duly sworn upon oath, that I served the attached notice(s) upon each of the persons or firms therein addressed, by depositing copies thereof in the United States Mail, by certified mail with return receipt requested, enclosed within envelopes plainly addressed, as shown with postage fully prepaid, at the Jonesboro, Arkansas Post Office located at 310 East Street, Suite A., before 3:00 P.M., on the 30th day of September, 2025.

Eric Schmett
Jonesboro Code Enforcement

Subscribed and sworn before me the 30th day of September, 2025.

Notary Public

My commission expires: 10 March 2034

255538



DATE	INVOICE NO
9/17/2025	0069890

BILL TO
Joyce Scarborough 333 Plantation Way Byhalia, MS 38611

DUE DATE
11/4/2025

DESCRIPTION	QUANTITY	EFFECTIVE RATE	AMOUNT	DISCOUNT	CREDIT	BALANCE
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PREVIOUS OUTSTANDING BALANCE 825.00

Code Enforcement Charges:

Filing Fee - 616 E Oak	1.00	15.00	15.00	0.00	0.00	15.00
Admin. Fee - 616 E Oak	1.00	200.00	200.00	0.00	0.00	200.00
Mowing - 616 E Oak	1.00	60.00	60.00	0.00	0.00	60.00

INVOICE TOTAL: 275.00 0.00 0.00 275.00

If payment is not made within (30) days, the lien may be certified to Craighead County for collection on real estate taxes or City may pursue a judicial foreclosure in accordance with Ark. Code Ann. § 14-54-904.

PLEASE DETACH BOTTOM PORTION & REMIT WITH YOUR PAYMENT

For questions please contact us at (870) 932-3042

Customer Name: Joyce Scarborough
Customer No: 018720
Account No: 0034734 - Code Enforcement Charges

DUE DATE	INVOICE NO
11/4/2025	0069890

Please remit payment by the due date to:

City of Jonesboro
300 South Church Street
PO Box 1845
Jonesboro, AR 72403

Invoice Total: 275.00
Discounts: 0.00
Credit Applied: 0.00
Ending Balance: 1,100.00

INVOICE BALANCE: \$275.00
AMOUNT PAID: _____

9589 0710 5270 3206 8625 16

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- | | | |
|--|----|-------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | _____ |
| <input type="checkbox"/> Adult Signature Required | \$ | _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | _____ |

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

SCARBOROUGH JOYCE

Street and/or P.O. Box Number
333 PLANTATION WAY

City, State, ZIP+4[®]
BYHALIA, MS 38611-6949