



Town of Wilson / Sanitary District No. 1

5935 S. Business Drive
Sheboygan, WI 53081
Phone: (920) 208-2390

SPECIAL ASSESSMENT LETTERS

Submit this form with \$10 check payable to Town of Wilson and \$10 check payable to Sanitary District No. 1 by mail or in person. Do not fax or email requests. Attach a copy of the parcel's most recent property tax bill to your request. All requests shall be made out to the attention of the "Town Treasurer, Suite 102,."

Requestor:

Company Name: _____ Company SAL No. _____
Address: _____
Phone: _____ Fax: _____ Scheduled Closing Date: _____

For:

Tax Key No.: 59030-_____ *Please allow 10 days to process your request.*
Owner Name(s): _____
Property Address: _____
Legal Description: _____

Requested by: _____ Date requested: _____
(Signature required)

TOWN OF WILSON

Date Request Received: _____

PROPERTY ASSESSMENT AND TAXES:

201__ Assessment: Land \$ _____ Improvements: \$ _____ Total: \$ _____

Special Assessment: \$ _____ Other: \$ _____ Total: \$ _____

201__ Property Tax: \$ _____
Less Lottery Credit: (_____)
Less First Dollar: (_____)
Special Assessment _____
Total Net Tax \$ _____

Paid in full: Yes ___ No ___ Principal balance due \$ _____ Installment date due: _____

OUTSTANDING SPECIAL ASSESSMENTS: _____ If paid by: _____

COMMENTS / SPECIAL NOTES: _____

SANITARY DISTRICT NO. 1

SEWER

None (___) Vacant Lot (___)

Account No. _____ Amount of Last Bill: \$ _____ Balance Due: \$ _____

Current Billing Period From: _____ to _____ **Quarterly**

(Quarterly billing amount effective _____ is \$ _____)

DELINQUENT: Yes ___ No ___ Approximate next billing date: _____

OTHER INFORMATION: _____

REPRESENTATIVE/SUBMITTED BY: _____ **DATE:** _____