



# Town of Wilson/ Sanitary District No. 1

## Special Assessment Letters

Submit this form along with a check for \$10, payable to Town of Wilson and \$10 check payable to Sanitary District #1  
By mail, in person or at the drop box located at our front door, ATTN: Town Treasurer Suite 102  
Attach a copy of the parcel's most recent property tax bill to your request.

**PLEASE DO NOT FAX OR EMAIL AND ALLOW 10 DAYS TO PROCESS YOUR REQUEST**

**REQUESTOR:**

Company Name: \_\_\_\_\_ Company SAL #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Tax Key #: 59030- \_\_\_\_\_ Current Owners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

\_\_\_\_\_

New Owner's Name: \_\_\_\_\_ New Owner's Phone: \_\_\_\_\_

Requested by: (Signature Required) \_\_\_\_\_ Date Requested: \_\_\_\_\_

### TOWN OF WILSON

**Property Assessment and Taxes:**

Date Received: \_\_\_\_\_

202\_\_ Assessment: Land: \_\_\_\_\_ Improvements \$ \_\_\_\_\_ Total: \_\_\_\_\_

202\_\_ Property Tax: \$ \_\_\_\_\_

Less Lottery Credit: \_\_\_\_\_ ( \_\_\_\_\_ )

Less First Dollar Credit: \_\_\_\_\_ ( \_\_\_\_\_ )

Special Assessment \_\_\_\_\_

Total Net Tax \$ \_\_\_\_\_

Paid in full: Yes \_\_\_\_\_ NO \_\_\_\_\_ Principal Balance Due: \$ \_\_\_\_\_ Installment Due: \_\_\_\_\_

OUTSTANDING SPECIAL ASSESSMENTS: \_\_\_\_\_ If Paid By: \_\_\_\_\_

Comments/Special Notes: \_\_\_\_\_

### SANITARY DISTRICT #1

Sewer: None \_\_\_\_\_ Vacant Lot \_\_\_\_\_

Acct # \_\_\_\_\_ Amount of Last Bill: \$ \_\_\_\_\_ Balance Due: \_\_\_\_\_

Current Billing Period from: \_\_\_\_\_ to \_\_\_\_\_ (\$75 per Quarter: billing is for **past service**)

Delinquent: Yes \_\_\_\_\_ No \_\_\_\_\_ Next Billing Date: \_\_\_\_\_

Outstanding Special Assessments: \_\_\_\_\_

Other Information: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_