Village of Somerset Request for Statement of Real Property Status PO Box 356

Somerset, WI 54025 Fax: 715-247-5790 Phone: 715-247-3395

Sec. 3-1-11 Statement of Real Property Status

| Requester's Name: | | Date Requested: |
|---|---|--|
| Requester's Phone Number: | | Requester's Fax Number: |
| Requester's Billing Address: | | |
| | - | |
| Property Owner | - | |
| | | |
| - • | | |
| _ | ted Information Below | |
| | | |
| | | |
| □ Approximate Lot 1 | Dimensions: | |
| □ Zoning: | | |
| | al Assessments: (Payoff statement | Date) for further details) |
| PRIN | INT | TOTAL |
| □ Proposed Assessments: | | * 3% late payment charge if not paid by due date |
| _ | | Due Date: * |
| □ Delinquent Utilities: □ Total Utilities due by due date: □ For service through: | | |
| ☐ Other Charges: _ | | |
| ☐ Assessed Value: | Land | ** Requested Final Read Date: |
| | Improvements Total Assessed Value Fair Market Value | Estimated Final Bill: |
| | Current Taxes | |
| Delinquent Taxes – Ple | ease contact the St Croix Co | ounty Treasurer – 715-386-4645 |
| Fee: \$15.00 per parcel Request must be made in advance. Allow 24 hours for response. OFFICE USE ONLY | | |
| Total Charges: | | Receipt # |
| _ | | <u>-</u> |
| SEE INVOICE | | |