

PO Box 188, Elk Mound, WI 54739 Phone: 715-879-5011 Email: info@elkmound.org Website: www.elkmound.org

Special Assessment / Utility Request Form

	Applicant	Information
Company:	Contact:	Date:
Address:	State:	Zip:
Phone:		Email:
Fax:		Date Required:
Property Information		
 Tax ID #:	·	
Legal Description:		
Property Owner:		
Address:		
City: Elk Mound	St	tate: WI Zip 54739
Is the Property Being Sold' Purchaser Name: Purchaser Phone: Purchaser Address: Realtor Name / Phone: Other Information	? YESNOIf Yes, I	Provide Date of Closing:
	Special A	ssessment
Туре:		Amount:
	Water/Se	ewer Utility
Water/Sewer Utility Curre	ent: <u>\$</u>	Past Due:
	h of each month for billing purpose ter will be read 1 day prior to the o	es. If this property is being transferred, please provide the closing.
	day for information requests. Fe ck on payments. Please submit in	e of \$20.00 is due with request, this can be submitted online at nformation below:
Date Fee Paid:	Confirmat	tion #:
For outstanding tax information at: http://www.dunno		ounty Treasurer: 715-232-3789 or visit the Dunn County Tax
Completed by: Patricia Ha	ahn, Clerk/Treasurer	Email:pat@elkmound.org