

Date Received: _____
Amount Due: \$25.00 (Pre-Paid) or \$50.00 invoiced
Date Paid _____ Date Returned _____

TOWN OF COTTAGE GROVE
4058 CTH N
COTTAGE GROVE, WISCONSIN 53527
PHONE (608) 839-5021
FAX (608) 839-4432

STATEMENT OF REAL PROPERTY STATUS

To be completed by Requesting Party: Parcel Number: 018-0711-_____

Address of Property: _____

Name of Owner: _____

Requested by:

Company Name: _____ Contact: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Special Assessments Due on Property: _____

20__ Net Real Estate Taxes: _____ Special Charges: _____ Total: _____

Date Paid: _____ Amount Paid: _____ Balance Due*: \$ _____

Payments made after January 31 are
made to the Dane County Treasurer
and will not be reflected on this balance.

20__ Assessed Land Value: _____ 20__ Assessed Improvement Value: _____

Total Assessed Value: \$ _____

20__ Assessment Ratio: _____ 20__ Mill Rate: _____

NOTE: It is hereby expressly understood that this memorandum statement is issued subject to errors and omissions and shall not be binding upon the Town of Cottage Grove. In accordance with Sec. 19.21(2), Wis. Stats., you are entitled to examine the public records and verify the information obtained therefrom to your own satisfaction.

Town of Cottage Grove Representative: _____