

EQUALIZED VALUE DETERMINATION REQUEST

EFFECTIVE CREATION DATE: JANUARY 1, 20 ____

See Instructions on Reverse Side

County
Municipality
CoMun Code http://revenue.wi.gov/pubs/slf/municode.pdf
TID Number
RETURN TO: Wisconsin Department of Revenue Tax Incremental Finance PO Box 8971, MS 6-97 Madison, WI 53708-8971

Check one:	
<input type="checkbox"/> Regular (s.66.1105)	Creation Resolution Adoption Date: _____, 20 ____
<input type="checkbox"/> Town (s.60.85)	_____, 20 ____
<input type="checkbox"/> E.R. (s.66.1106)	Proposal Approval Date: _____, 20 ____
	DNR Certification Date: _____, 20 ____

PART I. TAXING JURISDICTIONS AFFECTED

	Name of Taxing Jurisdiction	Jurisdiction Number
Municipality		
School District(s)		
Technical College		
County		
Union High School		
Lake Management District		
Sanitary Sewerage District		
Other		

PART II. DECLARATION

I declare that this application and attachments have been examined by me and, to the best of my knowledge and belief, are true, correct, and complete. I hereby request the Department of Revenue to determine the equalized value of this tax incremental district.

Clerk's signature	Telephone number	E-mail address	Date
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PART III. INDIVIDUAL TO CONTACT FOR ADDITIONAL INFORMATION

Name and Title	E-mail address
Address	Telephone number
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(OVER)

