Click mouse in YEAR ____ field below and tab throughout form

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Clear

WHEN COMPLETING THIS DOCUMENT DO NOT WRITE OVER SHADED AREA

STATEMENT OF ASSESSMENT
BASE OR REDETERMINED VALUE YEAR _____ (Separate forms for separate years)
TAX INCREMENTAL DISTRICT NO. _____ (Only include value of parcels subtracted from TID)

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_____ (CO) _____ (MUN) FOR ? (T-V-C) OF _____ (NAME OF MUNICIPALITY) _____ (NAME OF COUNTY) COUNTY

Line No.		PARCEL COUNT Land *Col. A*	PARCEL COUNT Improvements *Col. B*	# of Acres Only Whole No. *Col. C*	Initial Value of Land *Col. D*	Initial Value of Improvements *Col. E*	Total Initial Value of Land and Improvements *Col. F*
1	Residential – Class 1						0
2	Commercial – Class 2						0
4	Agricultural – Class 4						0
5	Undeveloped – Class 5						0
5m	Agricultural Forest – Class 5m						0
6	Forest – Class 6						0
7	Other – Class 7						0
8	TOTAL ALL COLUMNS	0	0	0	0	0	0
9	Number of Personal Owners in Roll						
10	Boats and Other Watercraft Not Exempt						
11	Machinery, Tools and Patterns						
12	Furniture, Fixtures and Equipment						
13	All Other Personal Property Not Exempt						
14	TOTAL OF PERSONAL PROPERTY, Total of Lines 10 Through 13						0
15	AGGREGATE ASSESSED VALUE OF ALL PROPERTY ON THIS ROLL SUBJECT TO THE GENERAL PROPERTY TAX (Total of Lines 8 & 14). Must Agree With Total Value of School District(s) Listed Below						0

NOTE: If lines 10 through 13 contain any values, please fill in line 9.

	School District Codes *(Col. A)*	SCHOOL DISTRICT NAMES *(Col. B)*	Assessed Initial Value of School Districts in TID / Assessed Initial Value of General Property (Real Estate & Personal Property) Subject to the General Property Tax *(Col. C)*
20			
21			
22			
23			
24			
25			
26			
27	TOTAL COL. C (Col. C must equal line 15 above.)		0
	SEPARATE UNION HIGH SCHOOL DISTRICTS (In addition to and independent of school districts entered above.)		
28			
29			
	VOCATIONAL AND TECHNICAL SCHOOL DISTRICTS (In addition to and independent of school districts entered above.)		
30			
31			
32			

Total of Column C must equal line 15 above.

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Column A		Column B	Column C
Line No.	Metro Sewer Dist. No.	**METROPOLITAN SEWERAGE DISTRICT NAMES**	Assessed Initial Value of General Property (Include Real Estate & Personal Property)
33			
34			
	Sanitary Dist. No.	**SANITARY DISTRICT NAMES**	Assessed Initial Value of General Property (Include Real Estate & Personal Property)
35			
36			
37			
38			
	Inland Lake Dist. No.	**PUBLIC INLAND LAKE PROTECTION AND REHABILITATION DISTRICT NAMES**	Assessed Initial Value of General Property (Include Real Estate & Personal Property)
39			
40			
41			
42			
	Utility Dist. No.	**UTILITY DISTRICT NAMES**	Assessed Initial Value of General Property (Include Real Estate & Personal Property)
43			
44			
45			
46			
	Other Special Dist. No.	**OTHER SPECIAL PURPOSE DISTRICT NAMES**	Assessed Initial Value of General Property (Include Real Estate & Personal Property)

Complete Certification information below, print and remember to sign.

CERTIFICATION (Local Clerk)

I certify the foregoing statement to be correct, as appears in the assessment rolls referred to and which are now in this office.

Sig Remember your signature _____ *Title* _____ *Date* _____

Telephone Numbers _____ *Work* _____ *Home* E-mail _____

INSTRUCTIONS

The municipal clerk should complete this report as it is usually done for the entire municipality, however, it should only include property within the TID that is being subtracted. (DO NOT INCLUDE VALUES OF MUNICIPAL-OWNED TAX EXEMPT PROPERTY OR STATE ASSESSED MANUFACTURING PROPERTY.) If parcels included are from different years, use a separate form for each year. Be certain that all items below line 15 (first page) are completed and reflect the local assessed value of all general property as it was stated in its' base year Statement of Assessment (subject to the general property tax) located within the particular tax incremental district. DO NOT attempt to include Class 3 (Manufacturing) Real and Personal Property values on the Statement of Assessment form. If no special districts apply to the TID, write – NONE – in the appropriate area. Be sure to complete the certification portion of this form, remembering to sign and date it.

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