

**TID Base Value Redetermination
Legal Requirements**

(created under sec. [66.1105](#), Wis. Stats.)

**Due date
October 31**

Email this completed form and required documents to: tif@wisconsin.gov

Section 1: Municipal Information

| | | | | | | |
|----------------------------------|-------------------------------|----------------------------------|-------------------------------|--------|--------------|------------|
| Taxation district (check one) | <input type="checkbox"/> Town | <input type="checkbox"/> Village | <input type="checkbox"/> City | County | Co-muni code | TID number |
| Enter municipality → | | | | | - | |

Section 2: Legal Requirements

| | Dates |
|---|-------|
| Letters and hearing notice – date sent by first class mail to administrator of all local government entities and school districts with authority to levy taxes on Tax Incremental District (TID) property Submit to Wisconsin Department of Revenue (DOR): Copy of letters and hearing notice sent | - - |
| Joint Review Board (JRB) hearing notice – date published, 5 days before the meeting (Class 1) Submit to DOR: Copy of affidavit verifying newspaper publication date and copy of the actual notice | - - |
| Planning Commission hearing notice – dates published, 1 notice, 7 days before the hearing (Class 1) Submit to DOR: Copy of affidavit verifying newspaper publication date and copy of the actual notice | - - |
| Planning Commission public hearing – date of public hearing | - - |
| Planning Commission resolution – date adopted Submit to DOR: Copy of approved Planning Commission resolution or meeting minutes | - - |
| Local Legislative Body resolution – date adopted (must be on or before September 30) Submit to DOR: Copy of approved Local Legislative Body resolution and approved amended project plan | - - |
| JRB hearing notice (2nd) – date published, 5 days before the meeting (Class 1) Submit to DOR: Copy of affidavit verifying newspaper publication date and copy of the actual notice | - - |
| JRB resolution – date adopted (within 45 days after receiving Local Legislative Body resolution) Submit to DOR: Copy of approved JRB resolution | - - |

Section 3: Clerk Information

I declare, under penalties of law that I have personally examined this form and supplemental documents. To the best of my knowledge and belief, they are true, correct and complete. I hereby request the Wisconsin Department of Revenue to determine the equalized value of this tax incremental district.

| | | |
|------|----------------|-------|
| Name | Phone () - | Email |
|------|----------------|-------|

Section 4: Individual to Contact for Information

| | | |
|----------------------------|----------------|-------|
| Name | Title | |
| Municipality/business name | Phone () - | Email |