

# 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](mailto:tif@wisconsin.gov)

Section 1: Municipal Information			
Taxation district (check one)	<input type="checkbox"/> Town	<input type="checkbox"/> Village	<input type="checkbox"/> City
Enter municipality →		County	Co-muni code
			-
Section 2: Legal Requirements			Dates
<b>Letters and public hearing notice</b> – date sent to all local government entities with authority to levy taxes on Tax Incremental District (TID) property <b>Submit to Wisconsin Department of Revenue (DOR):</b> Letters and public hearing notice sent			- -
<b>Joint Review Board (JRB) notice</b> – date published, 5 days before the meeting (Class 1) <b>Submit to DOR:</b> Affidavit verifying newspaper publication date and copy of the actual notice			- -
<b>Planning Commission public hearing notice</b> – dates published, 1 notice, 7 days before the hearing (Class 1) <b>Submit to DOR:</b> Affidavit verifying newspaper publication date and copy of the actual notice			- -
<b>Planning Commission public hearing</b> – date of public hearing			- -
<b>Planning Commission resolution</b> – date adopted <b>Submit to DOR:</b> Approved Planning Commission resolution (if adopted) or meeting minutes			- -
<b>Local Legislative Body resolution</b> – date adopted (must be on or before September 30) <b>Submit to DOR:</b> Approved Local Legislative Body resolution and approved amended project plan			- -
<b>JRB notice (2nd)</b> – date published, 5 days before the meeting (Class 1) <b>Submit to DOR:</b> Affidavit verifying newspaper publication date and copy of the actual notice			- -
<b>JRB resolution</b> – date adopted (within 45 days after receiving Local Legislative Body resolution) <b>Submit to DOR:</b> 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	