COUNTY TREASURER STATEMENT

Own and a Name	with property located in the City ofName of Town, City or Vi
Owner's Name	□ Village Name of Town, City or Vi
year	
Payment Date	Parcel No.
Payment Date	Parcel No.
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Payment Date	Parcel No.
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Payment Date	Parcel No.

Send to:

Wisconsin Department of Revenue Audit Bureau Mail Stop 5-144 PO Box 8906 Madison, WI 53708-8906