



**VILLAGE OF TWIN LAKES
SPECIAL ASSESSMENT CERTIFICATE REQUEST FORM**

TO: Village of Twin lakes
PO Box 1024
108 E Main St
Twin Lakes, WI 53181
Phone: (262) 877-2858
Fax: (262) 877-4019

Please print:

From: _____

Mailing Address: _____

Telephone: _____

Date: _____

Fee: \$30.00 - Per parcel (2 day turn-around)
\$30.00 - Improved parcel + Vacant adjacent lot
\$55.00 - Rush (24hr turn-around)

Plus

\$2.00 - Per fax
\$ -0- Per email

NOTE: WE REQUIRE NEW OWNER INFORMATION . A FORM WILL ACCOMPANY THE CERTIFICATE WHICH MUST BE COMPLETED AND RETURNED AFTER CLOSING TO THE VILLAGE OFFICE TO INSURE PROPER BILLING OF SEWER ASSESSMENT.

Tax Parcel #: _____

Currently owned by: _____

Property address: _____

Please check one: Sale: _____ Refinance: _____

Approximate closing date: _____

_____ Provided is a self addressed stamped envelope for return of Assessment Certificate

_____ Will be picked up

_____ Fax to: _____ (include \$2.00 fee in payment)

_____ Email to: _____ (free)