



## City of New Holstein

2110 Washington St • New Holstein WI 53061 • 920-898-5766 • FAX 920-898-5879

# SPECIAL ASSESSMENT CERTIFICATION

**FEE: \$25.00 7 day turn around/\$35 same day service**

The Office of the City Clerk of the City of New Holstein, Calumet County, Wisconsin does hereby certify that in accordance with the City Clerk's records as of the date of this Certification, the following special assessments are chargeable against the property hereinafter described and have not been returned to the County Treasurer as delinquent. It is hereby understood that this memorandum statement is issued subject to errors and omissions and shall not be binding upon the City of New Holstein. In accordance with Section 19.35, Wisconsin Statutes, you are entitled to examine the public records and verify the information obtained therefrom to your own satisfaction.

**Please provide an email address and this form can be emailed to you. If you'd like this form mailed to you, please provide a self-addressed, stamped envelope.**

|               |      |                      |
|---------------|------|----------------------|
| Requested by: |      | Date Ordered:        |
| Email:        |      | Date of the Closing: |
| Phone:        | FAX: |                      |

| PROPERTY INFORMATION     |              |                   |
|--------------------------|--------------|-------------------|
| Tax ID: (5 digit number) | Zoning Code: | Property Address: |
| Property Owner:          |              | Buyer's Name:     |

| For Tax Year: <b>20</b> __          |    | Ratio:   |    |
|-------------------------------------|----|--|----|
| TAXES                               |    | REAL ESTATE ASSESSMENT   |    |
| Net Taxes (gross tax less credits): | \$ | Total Real Estate Assessment:                                  | \$ |
| Tax Credits – First Credit:         | \$ | Land:  | \$ |
| Lottery Credit:                     | \$ | Improvements:  | \$ |
| Gross Total (before credits):       |    | <b>SPECIAL CHARGES – As disclosed on the property tax bill</b> |    |
| Date Paid:                          |    | Garbage Container:   | \$ |
| Amount Paid:                        | \$ | Sewer:   | \$ |
| Balance Due:                        | \$ | Electric:  | \$ |
|                                     |    | Water:   | \$ |
|                                     |    | Other _____:   | \$ |

| OUTSTANDING SPECIAL ASSESSMENTS |      |           |          | NONE: _____ |  |
|---------------------------------|------|-----------|----------|-------------|--|
| Improvements                    | Year | Principal | Interest | Total       |  |
|                                 |      |           |          |             |  |
|                                 |      |           |          |             |  |
|                                 |      |           |          |             |  |

Signed: \_\_\_\_\_  
*Office of the City Clerk, City of New Holstein*

Date: \_\_\_\_\_