Summary – Waiver of Board of Review Request

Secs. 70.47(8m), Wis. Stats.

Filing Instructions

Section 1 – Assessment Information
Select the Taxation district, enter municipality, county, year assessments are being appealed

Section 2 – Appeal Information
Col. 1 – Enter property owner's name
Col. 2 – Enter parcel no.
Col. 3 – Enter computer no.

Col. 4 – Enter date waiver was received and select "Approved" or "Denied"
Col. 5 – Select property class and enter assessment value and property owner's opinion of value
Col. 6 – Enter date delivered/mailed and clerk's initials
Note: Mail or email decision to requester

Section 3 – Read affidavit, sign and date
Note: After completing this form, file it with the BOR proceedings retained by the municipality. (sec. 70.47(17), Wis. Stats.).

Section 1: Assessment Information

Taxation district *(check one)*	Municipality	County	Waiver year *(yyyy)*
☐ Town ☐ Village ☐ City			

Section 2: Appeal Information

Col. 1 Property Owner Name	Col. 2 Parcel No.	Col. 3 Computer No.	Col. 4 Waiver Request — Date Received *(mm-dd-yyyy)*	Col. 4 Waiver Request — Decision	Class	Col. 5 Value — Assessment	Col. 5 Value — Owner's Opinion	Col. 6 Notice Date delivered/mailed and clerk's initials
			- -	☐ Approved ☐ Denied		$ $ $ $ $ $	$ $ $ $ $ $	Date *(mm-dd-yyyy)* - - Delivered/mailed Initials
			- -	☐ Approved ☐ Denied		$ $ $ $ $ $	$ $ $ $ $ $	Date *(mm-dd-yyyy)* - - Delivered/mailed Initials
			- -	☐ Approved ☐ Denied		$ $ $ $ $ $	$ $ $ $ $ $	Date *(mm-dd-yyyy)* - - Delivered/mailed Initials
			- -	☐ Approved ☐ Denied		$ $ $ $ $ $	$ $ $ $ $ $	Date *(mm-dd-yyyy)* - - Delivered/mailed Initials

Section 3: Board of Review Clerk Affidavit

I, the undersigned declare that I have personally prepared this report and to the best of my knowledge and belief it is true and correct.

_____   _____
Signature Board of Review Clerk   *Date*

PA-811 (R. 8-17)

Summary – Waiver of Board of Review Request
Secs. 70.47(8m), Wis. Stats.

Section 1: Assessment Information

Taxation district *(check one)* ☐ Town ☐ Village ☐ City	Municipality	County	Waiver year *(yyyy)*

Section 2: Appeal Information

Col. 1 Property Owner Name	Col. 2 Parcel No.	Col. 3 Computer No.	Col. 4 Waiver Request		Class	Col. 5 Value		Col. 6 Notice Date delivered/mailed and clerk's initials
			Date Received *(mm-dd-yyyy)*	Decision		Assessment	Owner's Opinion	
			- -	☐ Approved ☐ Denied		$	$	Date *(mm-dd-yyyy)* - -
						$	$	
						$	$	Delivered/mailed
						$	$	
						$	$	Initials
						$	$	
			- -	☐ Approved ☐ Denied		$	$	Date *(mm-dd-yyyy)* - -
						$	$	
						$	$	Delivered/mailed
						$	$	
						$	$	Initials
						$	$	
			- -	☐ Approved ☐ Denied		$	$	Date *(mm-dd-yyyy)* - -
						$	$	
						$	$	Delivered/mailed
						$	$	
						$	$	Initials
						$	$	
			- -	☐ Approved ☐ Denied		$	$	Date *(mm-dd-yyyy)* - -
						$	$	
						$	$	Delivered/mailed
						$	$	
						$	$	Initials
						$	$	
			- -	☐ Approved ☐ Denied		$	$	Date *(mm-dd-yyyy)* - -
						$	$	
						$	$	Delivered/mailed
						$	$	
						$	$	Initials
						$	$	
			- -	☐ Approved ☐ Denied		$	$	Date *(mm-dd-yyyy)* - -
						$	$	
						$	$	Delivered/mailed
						$	$	
						$	$	Initials
						$	$	