

**SPECIAL ASSESSMENT AND PROPERTY INFORMATION REQUEST**

TO: CITY OF VIROQUA, 637-3108 (fax)

REQUESTED BY: \_\_\_\_\_  
COMPANY

\_\_\_\_\_  
CONTACT NAME AND FAX NUMBER

PROPERTY OWNERS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TAX PARCEL NO: \_\_\_\_\_

I, the undersigned authorized representative for the City of Viroqua, attest that on this date, the following utility information, special assessment, and/or property information for the property named above is true and correct:

WATER/SEWER: \_\_\_\_\_

\_\_\_\_\_

SPECIAL ASSESSMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPERTY INFORMATION (PLEASE SPECIFY): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE/TITLE: \_\_\_\_\_