

**VILLAGE OF ROBERTS
SPECIAL ASSESSMENT/UTILITY REQUEST FORM**

Date of Request: _____ **Date Needed by:** _____

Property I.D. Number 176 - _____

Property Owner: _____

Address: _____

Lot Description: _____

* * * * *
Is Property being sold? Yes No **Date of Closing** _____

If being sold, to whom? _____

* * * * *
Outstanding Special Assessment:

- 1. Type _____
- 2. Principal _____ 3. Interest _____ 4. Total _____

Water/Sewer Utility Amount Due: _____

Other: _____

* * * * *
Fax to: _____

Send Bill to: _____

Fee Due: \$10.00 **Date:** _____

Completed by: Doreen Kruschke
Village of Roberts
107 E. Maple Street
Roberts, WI 54023
Fax: 715-749-3889
Telephone: 715-749-3126