

TOWN OF GRAND CHUTE REAL ESTATE INQUIRY FORM

1900 W Grand Chute Blvd
Grand Chute, WI 54913-9613

*Notice: It is understood that the Town of Grand Chute does not guarantee the correctness or accuracy of the information shown. As provided in Sec. 19.21 to 19.37, Wis. Statutes "...any person may with proper care, during office hours... examine or copy..."

INSTRUCTION: *Please enclose the fee along with this form. (processing will begin once the form/payment is received)* **FEE**

4-7 business days **\$30**
2-3 business days (RUSH) **\$60**

Requester Name: _____

Return Address: _____

Requester Phone: _____ Requester Fax: _____

Email: _____

Parcel #: _____ Parcel Address: _____

COMMUNITY DEVELOPMENT Date: _____
(920-832-1599) By: _____

Open Building Permits: _____

Outstanding Code Violations: _____

Property Zoned: _____

TAXES Date: _____
(920-832-1632) By: _____

Town Treasurer has information until January 31st
After February 1st please contact Outagamie County Treasurer at 920-832-5065 www.outagamie.org

Year 20_____

Taxes Levied: \$ _____

Lottery Credit: \$ _____

Special Assessments On Tax Roll:

Street Improvement	Sewer Improvement	Water Improvement	Stormwater Improvement	POWTS	CTR/G Chute Drainage
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Special Charges on Tax Roll:

Street Lighting	Refuse	Delq Water	Delq Sewer	Delq Storm	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Tax Bill: \$ _____

Amount Paid: \$ _____

OUTSTANDING ASSESSMENTS DUE UPON SALE OR CERTIFIED SURVEY MAP REQUEST

Parcel #

ASSESSOR Date: _____
 (920-832-1578) By: _____

Tax Description - SEE ATTACHED

SPECIAL ASSESSMENT BALANCES Date: _____
 (920-832-1632) By: _____

Street Improvement \$ _____ Interest/Month \$ _____

Water Improvement \$ _____ Interest/Month \$ _____

Storm Improvement \$ _____ Interest/Month \$ _____

Sewer Improvement \$ _____ Interest/Month \$ _____

Comments: _____

DPW PROPOSED FUTURE WORK Date: _____
 (920-832-1581) By: _____

Year of Proposed Work: _____

Type of Work Proposed: _____

SANITARY DISTRICT Date: _____
 (920-832-1581) By: _____

These are not final bill totals.

Account Number	Address	Type of Service	Service Dates	Current Qtr Bill	Balance
		Water/Sewer/Storm			
		Water/Sewer/Storm			
		Water/Sewer/Storm			

Is there a well associated with this property? Yes No

Has it been tested or abandoned? Yes No Year Tested/Abandoned _____

Comments: _____

OFFICE USE ONLY:

Date Request Received: _____

Received By: _____

Date Paid: _____ Receipt # _____