

# Oconto County

## Assessment Data Request Form



### Contact Information: (Please Print)

Requesting Organization / Company Name (If Applicable): \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Authorization:** (The following signature represents and warrants that s/he is authorized to execute this document on behalf of the requesting organization/ entity)

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Data Identification: (Please Identify the Data being Requested)

### Hard Copy Data Request: (Please check appropriate boxes)

	# of Documents	Total
<input type="checkbox"/> Assessors Work Roll (Per Municipality)	_____	x 20.00 = _____
<input type="checkbox"/> Alpha List (Per Municipality)	_____	x 10.00 = _____
<input type="checkbox"/> Physical Address List (Per Municipality)	_____	x 10.00 = _____
<input type="checkbox"/> Sanitary List (Per District)	_____	x 5.00 = _____
<input type="checkbox"/> Alpha List (County)	_____	x 60.00 = _____
<input type="checkbox"/> Physical Address List (County)	_____	x 60.00 = _____
<input type="checkbox"/> Labels	_____	x .05 = _____
<input type="checkbox"/> Change File Edit List	_____	x 25.00 = _____

### Digital Data Request: (Please check appropriate boxes)

	Total
<input type="checkbox"/> Assessment Information (Per Municipality)	25.00 = _____
<input type="checkbox"/> Assessment Information (Per County)	25.00 = _____

Choose Delivery Method:

Email  FTP  Postal  Pick Up

Remit Payment to:

Oconto County (LIS) Land Information Systems  
301 Washington St.  
Oconto, WI 54153

Postage = \_\_\_\_\_

Total Amount Due = \_\_\_\_\_

### Staff Purposes Only

Request Received by: \_\_\_\_\_ Date \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_

Bill Applicant  Paid - Receipt Number: \_\_\_\_\_

Request Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Request Delivered Via:  Pick Up  Postal  FTP  Email  CD