SAC # _____

CITY OF WEST BEND, WI

STATEMENT OF REAL PROPERTY STATUS

PREPARED FOR: _____ (Title Co.)
_____ (Address)
_____ (Address)

Tax Key No: _____ Owner's Name _____

Property Address: _____

Brief Legal Description: _____

_____

_____

TAXES

Assessment Year _____ Land _____ Improvements _____ Total _____

Tax Amount

Year	_____	Paid	_____
Gross Tax Amount	_____	Date Paid	_____
Lottery Credit	_____	Balance Remaining	_____
Net Tax Amount	_____	____ Delinquent *	
Special Assess/Chgs.	_____	* Contact Washington County Treasurer	
TOTAL AMOUNT DUE	_____	____ Copy of Tax Bill Included	

UTILITIES

City of West Bend bills quarterly with a fifth billing for unpaid amounts to homeowners prior to transfer to tax roll.

Account # _____

Last Billing Period:
_____ to _____

Final Reading Scheduled:
_____

PRV BAL:	_____
Water:	_____
Sewer:	_____
Penalty:	_____
PFP:	_____
TOTAL:	_____
Amount Paid:	_____ Date Paid _____
BALANCE Due:	_____

Current Utility Bill Owing Plus Subject to Meter Reading

OUTSTANDING SPECIAL ASSESSMENTS

TYPE	PRINCIPAL	INTEREST	RATE	TOTAL	DATE DUE**

** Interest on special assessments is calculated by the day. This date assumes payment will be made in full on the closing date.

CONTEMPLATED SPECIAL ASSESSMENTS***

The following improvements are scheduled in the Engineering Dept's five year plan to be installed, replaced or repaired:

TYPE:	APPROX. WHEN
_____	_____
_____	_____
_____	_____
_____	_____

*** Charges incurred for these improvements may or may not be assessed to the property owner depending on Common Council action at the time the project is completed.

Subdivider/Developers agreements are recorded in the Register of Deeds Office. Terms of Agreements applicable to the subject property may be viewed there and are not included in this statement.

This statement is subject to errors and omissions, and is not binding on the City or any of its Officers, Boards, Commissions or Subunits. No comment in, or omissions from this statement shall prevent the City from imposing or collecting any Special Assessments.

CITY TREASURER _____ **Date:** _____