

# Oconto County

## Tax Information 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)

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

	<b>Total</b>
<input type="checkbox"/> Tax Information (Per Municipality)	35.00 = _____
<input type="checkbox"/> Tax Information (Per County)	50.00 = _____

### Applications

	<b>Total</b>
<input type="checkbox"/> Combine Tax Parcel Form	20.00 = _____

Choose Delivery Method:

Email  FTP  Postal  Pick Up

**Remit Payment to:**

Oconto County Treasurer  
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