Waiver of Fifteen Day Notice
2019 Assessment
City of Eau Claire

Notice: By signing this waiver, you are agreeing to forfeit your legal right to an additional 15 day notice of a changed assessment. **You are not forfeiting the right to appeal your assessment.** If our review results in a recommendation of a revised assessment, you will still receive notice of the revised assessment, but not within the 15 day notice period before the Board of Review. **If our review results in a determination of no change, this form will not be returned to you.**

Parcel No.

Property Address

I, _____,
(name of property owner)

forfeit and waive the further right to receive notification of a revised assessment 15 days before the Board of Review. I understand I may still proceed with an appeal to the Board of Review, following the requirements provided under s.70.47, Wisconsin statutes.

sign here _____ _____
(property owner or agent signature) *(date)*

Return signed waiver to:

City Assessor
P O Box 5148
Eau Claire WI 54702
Fax (715) 839-5159
city.assessor@eauclairewi.gov

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I _____ hereby amend the assessment regarding the
(assessor)

above referenced parcel number and property address for the 2019 assessment year as follows:

_____ _____
(assessor signature) *(date)*

ORIGINAL ASSESSMENT		REVISED ASSESSMENT	
Land		Land	
Buildings / Other		Buildings / Other	
Total		Total	

Copies to: Property Owner or Agent --- City Assessor --- Property Assessor --- File